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23 March 1993

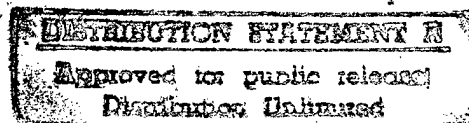


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# ***JPRS Report***

# **Epidemiology**

***AIDS***



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# Epidemiology AIDS

JPRS-TEP-93-007

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23 March 1993

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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## REGIONAL AFFAIRS

### Disease Report From 23 December - 25 January

AB0402101393 Various Sources in English 23 Dec 92 - 25 Jan 93

[Editorial Report] The following is a compilation of disease reports monitored from Abidjan Bureau coverage area from 23 December 1992 to 25 January 1993. Source, date, and time of broadcast are given in parentheses at the end of each item.

#### CAMEROON

The Seventh International Conference on AIDS in Africa has ended in Yaounde with a news conference given by the chairman of the conference, Professor Lazare (Kaptue). In the presence of some 20 reporters, Prof. (Kaptue) gave a positive picture on the outcome of the conference as far as the objectives and methods set out are concerned. There were over 2,000 participants from 64 African countries and the world. The professor made it clear to Cameroonians that AIDS really exists. Over 1,400 AIDS cases have so far been recorded in Cameroon, half of which have already died. [Yaounde CRTV Radio Network in French 1900 GMT 5 Jan 93]

#### GHANA

The deputy secretary for the Upper East Region, Mr. Faysal Anaba, has spoken of the need to involve the entire community in the fight against AIDS. He was speaking at the regional celebration of the World AIDS Day at Bongo. The regional medical officer, Dr. Kwame Adogbogba, said the region recorded 561 cases of AIDS between 1989 and December 1992. He said the disease is found mainly in people between the ages of 20 and 39 years. [Accra Ghana Broadcasting Corporation Radio Network in English 2000 GMT 23 Dec 92]

Parents have been urged to make efforts to educate their adolescent children against premarital sex, the use of hard drugs, and other immoral acts. Speaking on World AIDS Day, the Upper West regional director of health services, Dr. Appiah Denkyira, expressed concern about the fast rate at which the disease is spreading in the area. He said the number of recorded AIDS cases rose from five in 1991 to 105 in 1992. [Accra Ghana Broadcasting Corporation Radio Network in English 2000 GMT 13 Jan 93]

### Epidemiological Reports 11-17 January

MB1701184393 Various Sources in Portuguese and English, 11-17 Jan 93

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 11 to 17 January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### ANGOLA

AIDS Cases Registered—An authorized source has revealed that about 514 AIDS cases were registered by the National Public Health Directorate by June 1992.

According to Catarina de Aragao, head of clinical assistance in the National AIDS Prevention Program, 31 percent of the registered cases were reported in Cabinda Province. (Luanda Radio Nacional Network in Portuguese 1200 GMT 12 Jan 93)

#### SOUTH AFRICA

[Passage omitted] The number of patients with HIV infection in the hospital is also increasing. Although no statistics were available at present, the spokeswoman said the "situation was causing great concern." She said an extensive AIDS education programme with particular focus on the youth was going to be developed. (Johannesburg SAPA in English 2029 GMT 11 Jan 93)

AIDS Nationwide—If AIDS continued to spread at its current rate, there could be a "biological holocaust" in South Africa. That's the verdict from the head of the AIDS Center of the South African Institute of Medical Research, Professor (Ruben Cher). Prof. (Cher) said laboratory tests in South Africa had shown that up to 45,000 people were HIV positive, but due to under reporting and incomplete figures the number could be as high as 300,000. Prof. (Cher) said the 1,600 reported cases of AIDS in the country probably only represented 60 percent of the true number of AIDS cases. The latest world figures report that as many as 13 million people are infected with the HIV virus, and that this figure can treble by 1995. Prof. (Cher) said that on the positive side there was increasing number of people dedicated to AIDS research and care in this country. He said the goal for 1993 was to inform and educate even more people about AIDS, especially heterosexual people who refuse to acknowledge the dangers of the disease. (Johannesburg SABC TV 1 Network in English 1600 GMT 15 Jan 93)

### Epidemiological Reports 18-24 January

MB2501102893 Various Sources in English 18-24 Jan 93

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 18 to 24 January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

#### ZAMBIA

AIDS—Zambian local government councils have been called upon to take a leading role in the fight against AIDS and AIDS-related illnesses which have claimed hundreds of lives in the country. Speaking at a doctors' seminar on AIDS in Ndola, a government spokesman said the level of AIDS and HIV infections in Zambia had not been realized by many people. The first case of AIDS was officially identified in Zambia in 1985, and by September last year, Zambia had reported over 6,000 AIDS cases and over 20,000 AIDS-related illnesses. (Maseru Radio Lesotho in English 0500 GMT 18 Jan 93)

### Epidemiological Reports 25-31 January

MB0102070393 Various Sources in English and Portuguese 25-31 Jan 93

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 25-31 January

concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

### MOZAMBIQUE

**AIDS**—The number of AIDS cases in the country has increased from 448 to 617 from April to December 1992. This is revealed by DIARIO DE MOCAMBIQUE citing a source from the Ministry of Health. The source said that because of the low diagnostic capacity in the country, only five percent of the patients with AIDS tested positive. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 26 Jan 93)

### Epidemiological Reports 1-7 February

*MB0802052393 Various Sources in English, Portuguese, and Afrikaans 1-7 Feb 93*

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 1 to 7 February concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

### LESOTHO

**HIV Cases in Qacha's Nek**—Four people tested positive to the Human Immune Virus, HIV, in Qacha's Nek this month, bringing the total number of people with the disease to nine. Three are male prison inmates, while one is a woman. Five people have already died from AIDS since 1991 in Qacha's Nek. (Maseru Radio Lesotho in English 1600 GMT 2 Feb 93)

### SOUTH AFRICA

**HIV Cases Up 400 Daily**—"An estimated 400,000 South Africans are infected with HIV, and the figure is growing by 400 daily. These shocking figures were announced by National Health Minister Rina Venter. Up to January this year, only 47,764 cases were reported to the South African Institute for Medical Research. At the end of October, 1,517 cases of AIDS were known." AIDS is the department's "biggest problem and one of the top priorities." In the current financial year, more than 37 million rands has been put aside to fight the disease. Transvaal has the largest number of HIV infections with 19,311 cases, Natal is second with 12,958, Cape Province has 2,298, and Orange Free State 2,224. Dr. Venter said that "without drastic steps, one out every five people could be infected by the year 2010." (Johannesburg TRANSVALER in Afrikaans 3 Feb 93 p 9)

### ZIMBAWE

**AIDS**—An official in the National AIDS Control Program, NACP, reports that although the level of AIDS awareness has increased, "sexual behavior still leaves a lot to be desired." By December 1992 NACP Information Officer Ms Takawira says there were 18,731 confirmed cases, with 3,916 in Harare alone. (Johannesburg SAPA in English 1249 GMT 5 Feb 93)

### Epidemiological Reports 22-28 February

*MB2802193993 Various Sources in Portuguese and English 22-28 Feb 93*

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 22-28 February

concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

### SWAZILAND

**HIV in Simunye**—A total of 86 people have been confirmed as HIV positive in Simunye since the beginning of 1993. This is contained in a report from health activities at the sugar estate. (Mbabane THE TIMES OF SWAZILAND in English 25 Feb 93 p 1)

### Epidemiological Reports 1-7 March

*MB0703191593 in English and Portuguese 1-7 Mar 93*

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 1-7 March concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

### BOTSWANA

**AIDS**—A report presented to the 19th Health Sector Provincial Coordinating Council, which ended in Maputo yesterday, states that 34 AIDS cases were reported in Maputo Province in 1992. The document reports that the figure represents 50 percent of the total AIDS cases recorded in the province over the past 4 years. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 6 Mar 93)

### SWAZILAND

**AIDS**—About 24,800 people are infected with the human immunodeficiency virus (HIV) in Swaziland. By 1997, it is estimated that the figure will have grown to 40,000 people infected with the virus. This alarming revelation was made by the National AIDS Office at a press conference held yesterday [5 March]. The office said 248 AIDS cases have been reported to it as of last December 31: 134 of the reported cases are males, 111 are females. [all numbers as published] There are 36 paediatric cases and they are all believed to be of heterosexual origin. No cases have been reported as either homosexual, bi-sexual or drug use, according to the office. The office disclosed that HIV prevalence is rising rapidly among blood donors. It said it was 2.6 percent in 1990, 5.3 percent in 1991 and 8.9 percent last year. (Mbabane THE SWAZI NEWS in English 6 Mar 93 p 32)

### CAMEROON

### Over 150,000 Citizens Said HIV-Positive

*93WE0257A Yaounde CAMEROON TRIBUNE in French 23 Nov 92 p 6*

[Article by Michel Minka Mayemi: "National AIDS Awareness Week Starts Tomorrow"]

[Excerpt] The World Health Organization (WHO) now estimates a [worldwide] total of 13 million people have become infected with the AIDS virus. In Cameroon, the statistics are just as catastrophic. According to recent surveys of the population, more than 150,000 Cameroonians are seropositive, i.e., infected with the terrible virus.

Last September, another study showed that 45 percent of the [female] prostitutes in the city of Douala and 25

percent of those in Yaounde were already stricken with AIDS [virus]. As for persons suffering from AIDS itself, they are increasingly numerous, and most are simply abandoned to their sad fate in our hospitals—victims, we believe, of an unjustified and impermissible discrimination.

At Yaounde central hospital, where more male than female AIDS patients are treated, we have seen this discrimination. As soon as respectable families learn their hospitalized son-in-law is suffering from AIDS, they are convinced not only that he deserves his sad fate but also that he represents a real and continuing danger to his wife and children. Thus the only safe solution is to spirit the latter away and abandon the "unfaithful" patient to his hospital bed.

Obviously, it is easy to guess the final destination of all the furniture and other worldly goods of the dislocated family.

The Ministry of Public Health estimates that in 1993 more than 120 million CFA [African Financial Community] francs will be required to assist the country's many AIDS patients and the orphans left behind. [passage omitted]

#### **Blood Bank Director Cites HIV Statistics**

93WE0257B Yaounde CAMEROON TRIBUNE  
in French 24 Nov 92 p 3

[Interview with Dr. Monny Lobe, director of the blood bank at Yaounde central hospital, by Anyee Anyee; place and date not given: "AIDS Statistics Are Alarming"]

[Text] According to Dr. Monny Lobe, two percent of prospective blood donors seen between January and October 1992 are seropositive [HIV-positive].

**Anyee:** How many seropositive blood donors did you identify from January to October 1992?

**Lobe:** We have records of between 6,918 and 7,000 blood donors, and our research indicates 31 are seropositive. That represents 2 percent of the donors. Of these 31, 22 are male and 9 female.

However, 90 percent of blood donors are male. There are very few females, I don't know why. The age of these donors ranges from 20 to 39.

**Anyee:** Do these donors come voluntarily?

**Lobe:** Of the above-cited group, 740 came of their own volition, while the others are what could be called family donors.

**Anyee:** Do you inform seropositive donors?

**Lobe:** When we find the blood is contaminated and HIV-positive, we destroy it and the patient is informed, then counseled. We try to offer psychological support.

**Anyee:** But some donors don't want to know the results. Have you encountered such cases?

**Lobe:** I must tell you that we get three different types of seropositives: persons who are ill, persons who come voluntarily, and persons applying for bank loans, insurance, or scholarships to study abroad. Some say they don't want to be informed if they test positive. Well, that is their right, of course. And there is no point upsetting someone who is seriously ill. Better just to inform the family. We

inform the appropriate authorities where individuals applying for bank loans, insurance, or scholarships test positive. As for those who come voluntarily, we inform them of the results, because they came to us on their own initiative.

**Anyee:** What are the latest statistics on prevalence of the disease?

**Lobe:** The statistics are alarming. To date we have enumerated 1,025 cases of AIDS throughout the country, and in the coming days the official tally will be made public. The current figure official is not official, because we don't have statistics yet from all our facilities around the country.

### **IVORY COAST**

#### **Information Center for AIDS Prevention Commissioned**

AB1003101593 Abidjan Radio Cote d'Ivoire Chaine  
Nationale-Une Network in French 1900 GMT 8 Mar 93

[Excerpts] Professor Alain Ekra, minister of health and social protection, formally commissioned the Information Center for AIDS Prevention this afternoon. The ceremony took place in the premises of the center, on the sixth floor of the Nogues Building in the Plateau District of Abidjan.

Speaking before the minister of health, Dr. Agnes, chairman of Espoir-Cote d'Ivoire, the promoters of the center, thanked USAID for its assistance and support. She disclosed that 30,000 tests will be carried out during the first three years. [passage omitted]

Commissioning the center, Minister Alain Ekra said that AIDS is of concern to all.

[Begin recording] With the existence and development of this center, we hope that under a five-year plan, we will be able to envisage the building of a similar center in another town in Cote d'Ivoire within two years. The youth represent the most affected age group. It is therefore necessary to provide them with an information center. Uganda's experience has shown that anonymous, voluntary, and free detection plays an important role in the prevention and the fight against the spread of the HIV virus. [passage omitted] [end recording]

### **SENEGAL**

#### **Some 200 New AIDS Cases in Seven Months**

93WE0258A Dakar LE SOLEIL in French 1 Dec 92  
p 14

[Article by Die Maty Fall: "848 AIDS Cases in Senegal"]

[Text] There are 848 declared AIDS sufferers in our country. This is the frightening report submitted by the National Committee for the Struggle Against AIDS. Even more dramatic: Between May and November 1992, 200 new cases of declared AIDS were reported in Senegal, increasing the total number from 648 to 848.

As frightening as it is, this rapid rate of spread is only the tip of the iceberg. Only a few hundred AIDS patients have declared their condition, but how many more seropositives [persons who are HIV-positive] are out there, hidden from view by our thoughtlessness and irresponsibility?

How many AIDS patients are unseen because of ignorance or refusal to accept treatment from the appropriate agencies? We must understand that anyone might be HIV-positive. A seropositive is what is called a healthy carrier, someone infected by the AIDS virus who has not yet developed the disease. It is not our purpose to point the finger of moralistic blame at them: AIDS is a malady like any other, it must be demythologized. Think of how society used to treat those afflicted with leprosy or tuberculosis.... Once there is an effective vaccine against AIDS, the opprobrium that attaches so unfairly to sufferers will dissipate. But that is for the future, and in the meantime appropriate precautions should be taken. Researchers and physicians are not even close to victory over AIDS. The only weapon we have is prevention: technical means or ethical standards. Although we do not presume to preach about sexually responsible behavior or sensitivity to partners' feelings, it is a fact that fidelity for married couples (or single-partner relationships for others) is one way to prevent AIDS. Otherwise, though not as foolproof, a prophylactic (or condom) should be worn during sexual relations. Although it is easy to recognize the symptoms of disease in someone suffering from AIDS, an HIV-positive is completely asymptomatic. The National Committee for the Struggle Against AIDS says at least 8,000 and perhaps as many as 80,000 Senegalese are seropositive.

AIDS concerns us all, and it's no laughing matter.

## ZAMBIA

### Twenty-Five Percent of Antenatal Women HIV Positive

93WE0252C Lusaka *TIMES OF ZAMBIA* in English  
20 Dec 92 p 1

[Excerpt] Government has revealed that 25 percent of women who attended ante-natal clinics at the University Teaching Hospital (UTH) in Lusaka last year tested HIV positive.

The death toll from HIV related cases stood at 1,649 by September this year [1992] with figures of HIV positives in the tuberculosis wards and Sexually Transmitted Diseases (STD) clinics soaring to 30 percent and 54 percent respectively.

The conference was funded by Norad and the Danish embassy and the participants met to review their performance during the year and initiate new strategies to respond to new challenges brought by AIDS.

[Passage omitted]

## ZIMBABWE

### At Least 478 Deaths From AIDS in Manicaland

93WE0251A Harare *THE HERALD* in English  
27 Nov 92 p 4

[Text] Mutare—At least 478 people died of AIDS in Manicaland between January and September this year.

The latest statistics compiled by a section of the Provincial Medical Department (Manicaland) and headed by Dr. Ruth Shakespeare, revealed that 1,164 AIDS cases were reported in Manicaland.

Forty-one percent of the people recorded as infected had died by the end of September.

Statistics for October and November are not yet available.

The majority of the cases reported came from Mutare and surrounding areas. Many cases were also reported in Buhera and Makoni districts, while Mutasa, Chipinge, Nyanga and Chimanimani districts recorded fewer cases.

From the statistics, it was noted that sexually transmitted diseases continued to be the second most common complaint among adults visiting clinics and hospitals.

This was viewed with great concern as the AIDS virus was easily transmitted if STDs, particularly genital ulcers, were present.

An AIDS trust fund has been launched in Bulilima-Mangwe district, to provide material and moral support for children who lose parents to AIDS.

District medical officer Dr. Prince Kanjaka said the trust fund, launched last month sought to assist orphans as well as actively involve the community in fighting AIDS.

Since the beginning of the year, 16 people had died in the district hospital from AIDS-related diseases.

The beneficiaries of the fund have yet to be identified.

A community-based programme has also begun under which AIDS patients be taken care of at their respective homes.

Meanwhile, HelpAge Zimbabwe yesterday urged the nation to remember the elderly who are now having to care for victims of AIDS as the young fall victim to the epidemic.

"Elderly people are increasingly being forced to shoulder the ever-growing burden of caring for orphans and of having to cope with the needs of relatives of those dying from AIDS," director of HelpAge Zimbabwe Cde. Tavengwa Nhongo said in an interview in Harare.

As Zimbabwe commemorated the National AIDS Week from November 23 to 27 people needed to review the effect of AIDS on the elderly.

According to statistics released by the National AIDS Council, the epidemic was affecting age groups between zero to four years old and between 20 to 39 years old and this, he said, meant that the elderly were the ones left to cope with the aftermath of the epidemic.

He said there was a rising reversal of dependency as the elderly who often depended on the extended family structure for their own sustenance were now forced to be the supporters of the victims of AIDS.



**'Experts' Say 'High' Risk of Contracting AIDS**

HK0103081293 Hong Kong ZHONGGUO TONGXUN  
SHE in Chinese 0844 GMT 19 Feb 93

[Report by Shi Chuan (4258 1557)]

[Text] Hong Kong, 19 Feb (ZHONGGUO TONGXUN SHE)—In a long-distance telephone interview with this reporter, an epidemiologist working with the Guangdong sanitation authorities said that because the Chinese mainland has not set up a nationwide system for detecting HIV in blood donors, there is a high risk of spreading HIV through blood transfusion. Therefore, compared with the United States and other advanced countries, contracting AIDS is easier in the Chinese mainland. This expert expressed his worries about the situation in the mainland.

It is said that nearly 1,000 HIV carriers have been found in the mainland, much fewer than in the United States. However, though the Chinese are quite conservative about sex, there is a higher chance of them contracting AIDS than in the more permissive United States. This is because, apart from sexual contact, another important way to catch HIV is through blood transfusions. In the United States, because the HIV test is conducted on all blood donors across the country, the danger of catching HIV through blood transfusion is minimal. The Chinese mainland, on the other hand, has not yet set up a nationwide system for detecting HIV in blood donors, creating a very high chance of spreading HIV through blood transfusions. Moreover, disposable syringes are not yet in common use in urban China and traditional reusable syringes are still used in rural areas most of the time. Therefore, the spread of AIDS through contaminated needles and syringes is hard to avoid. Often, recipients of injections have caught sexually transmitted diseases unknowingly, so it is also highly possible to contract AIDS without being conscious of it.

As to whether or not those who receive spot AIDS tests designed for people entering or leaving China at some ports in Guangdong Province could catch the virus from contaminated needles and syringes, the expert said that the needles and syringes used for the spot tests at those ports are all disposable ones and are put through a rigorous sterilization process. That testees could contract AIDS because of the tests is absolutely impossible. It is understandable that many of those who frequently cross the border have such misgivings, but fear of the tests is unnecessary.

**Guangdong Province Suspends AIDS Tests for Travellers**

HK2302054393 Hong Kong AFP in English 0454 GMT  
23 Feb 93

[Excerpt] Hong Kong, Feb 23 (AFP)—A Hong Kong delegation left Tuesday [23 February] for Beijing to discuss

screening frequent travellers for AIDS as health authorities in Guangdong province confirmed they were suspending the controversial tests.

Elizabeth Wong, secretary for health and welfare, was heading the delegation, which planned three days of talks with Chinese officials on AIDS tests for frequent travellers at Guangdong's points of entry. "Our mission is to reflect Hong Kong people's concern to the Chinese authorities, to better understand China's arrangements for HIV tests at the border checkpoints, and, together, to explore ways of minimising inconvenience to travellers, particularly for frequent travellers from Hong Kong," Wong said.

Health officials in Guangzhou, contacted by telephone, told AFP that the AIDS tests had been temporarily suspended, pending a review of the policy. A Hong Kong political group which went to Beijing last week to discuss the tests had said Monday [22 February] it was told they would be suspended. Guangdong this month began five-minute AIDS tests for those who have travelled into China 12 times in as many months, but the Hong Kong government, AIDS activists and others contend the tests are questionable and misguided. [passage omitted]

**Beijing, Other Cities Open AIDS, Venereal Disease Hotline**

OW0903191093 Beijing XINHUA in English  
1502 GMT 9 Mar 93

[Text] Shenyang, March 9 (XINHUA)—Shenyang, the capital of northeastern Liaoning Province, opened a special telephone service today for venereal disease and AIDS victims - the fifth such hotline in China.

The other four hotlines are in Beijing, Shanghai, the country's largest metropolis, Kunming, the capital of southwestern Yunnan Province, and Shijiazhuang, provincial capital of northern Hebei.

Venereal disease was eliminated after the people's republic was founded in 1949, but has made a comeback over the past few years for various reasons.

The existence of carriers of venereal diseases and AIDS is no longer a secret in China. The Chinese Government has exerted great efforts to tackle the problem.

Officials have urged the populace not to become biased against the victims.

As part of these efforts, the government has opened hotlines to help victims of venereal disease and AIDS by giving advice on the problems and by helping others avoid contracting the diseases.

Many Chinese cities have set up special clinics to treat the diseases. In Shenyang, for instance, 34 such clinics are in operation.

## CAMBODIA

**Officials, Foreigners Assess AIDS Threat**

93WE0267A Bangkok BANGKOK POST in English  
5 Feb 93 p 34

[Article by Andrew Nette: "The AIDS Epidemic May Be Cambodia's Next Pol Pot"]

[Excerpts] [passage omitted] Already besieged by countless problems, Cambodia is facing a new danger: the spread of AIDS.

According to George Petersen of the World Health Organisation, "Cambodia has all the components for a serious epidemic of HIV, most importantly extreme poverty combined with large movements of people. For a country this fragile, the effects of even a small outbreak of the disease would be disastrous."

While to date only a small number of full-blown AIDS cases have been detected in Cambodia, routine testing of blood donors only began in mid-1991 and screening has mainly centred on sex workers in Phnom Penh.

But already the National Blood Transfusion Centre has recorded a tenfold increase in HIV-positive cases in one year from 0.0755% of those tested in second half of 1991, to 0.75% in the first six months of last year.

The extent of the spread is matched only by the widescale ignorance of most Cambodians about the danger. Even among Cambodian health workers the level of knowledge is alarmingly low. An unofficial survey of medical technicians, pharmacy and nursing graduates, carried out last year by a staff member at Phnom Penh's Central School of Health, showed that 80 percent didn't know about AIDS at all, and the remainder only had a passing knowledge.

Dr. Tia Phalla, Programme Manager of the Cambodian National AIDS Committee, believes that one of the main causes of this ignorance is that Cambodia is in "the silent stage" of the disease.

"If you look at how AIDS developed in Africa in the early eighties, the first 10 years of the epidemic were quiet. People infected showed no outward signs of the disease and didn't need hospitalisation. 1992 in Cambodia looks like 1982 in Africa."

So far the UN Transitional Administration in Cambodia has received much of the blame for the spread of the disease, particularly for encouraging the spread of prostitution, still technically illegal in Cambodia.

Miss Kien Serey Phal, Vice President of the Phnom Penh Municipal Women's Association, believes the blame is falsely laid.

"Prostitution first began to reappear in Cambodia with economic reforms in the mid-eighties. With the arrival of UNTAC [United Nations Transitional Authority in Cambodia] there has been an increase, but it has not been that great. From six or seven thousand prostitutes in 1991, now it is close to 10,000, but no one can be sure of the exact figure."

"The problem is that people equate the actions of every foreigner in Cambodia with UNTAC," says UN Community Relations Officer, Hiroko Miyamura. I wouldn't deny

that we share some of the blame for the spread of prostitution, but there are a lot of other foreigners in the country involved, as well as many Khmer who are taking advantage of it."

Certainly sexually transmitted diseases such as syphilis and gonorrhoea have hit the ranks of UN personnel. Although the UN has yet to compile figures, recent media reports suggest that an average of about three or four cases of sexually transmitted diseases are diagnosed every day at the UN's German army field hospital in Phnom Penh. [passage omitted]

"UNTAC is a nice excuse but it doesn't get to the main problem. As in every country, there is an inclination towards blaming foreigners for AIDS, whether it be UNTAC or the influx of Vietnamese prostitutes," says Dr. Tia.

"The biggest AIDS risk comes from unprotected heterosexual activity, particularly among Cambodian men whose knowledge of things like the importance of condom use is very low."

Along Street 273, the first customers arrive as early as nine in the morning. Peak time is between four and seven in the evening, when the street is packed with Cambodian men stopping off for an hour before going home to their wives and families. It continues at a quieter pace, as late as midnight. Prices range from 1,000 - 3,000 Reil [Riel] (US\$1-2.50) with "virgins" costing up to 4,000 Reil.

The National AIDS Committee was established in early 1992. It includes members of the health, education, economic and agricultural ministries and the governors from each of Cambodia's 21 provinces, in recognition of what Dr. Tia calls "the need for a multisectoral approach."

Since then a small, but growing number of foreign NGOs [Nongovernmental Organization] have started programmes around the provision of training facilities and education materials. Several Cambodian health workers, including Dr. Tia, have been sent on training courses on AIDS prevention in Thailand.

The UN has also taken steps to address the issue. UNTAC radio has run several Khmer-language programmes on AIDS and the Community Relations Office is in the process of translating educational materials into Khmer, Spanish, Arabic and French.

"The Force Commander's Office and people high up in the UNTAC power structure have taken this seriously and have issued a lot of directives around the matter," says Hiroko. "The difficulty is how to enforce standards of behaviour on such an ethnically diverse force. For example we encourage the troops to use condoms, but the fact that many are Muslims and Catholics discourages that."

Some foreign NGO workers believe there is little point in the UN doing too much around the issue. As one says: "They are not here to stay, so aside from educating their own people, there is no point in them getting heavily involved. What we have to do is train the Cambodians to do it themselves."

The obstacles to effective prevention measures are enormous. "Of course AIDS is a priority for our government, but we have so many priorities," laments Dr. Tia.

In the area of health alone, in addition to the presence of 20,000 amputees, Cambodia has high rates of malaria, tuberculosis, regular epidemics of dengue fever and cholera, and widespread malnutrition. The rate of infant mortality is one of the highest in the world.

Most constraints are the legacy of war. "We are starting from zero," comments Dr. Tia. "From 500 in 1975, Cambodia was left with 20 doctors in 1979. We do not have testing facilities, or even basic health care services in much of the country."

Each of the four political factions that dominate the country has its own separate health administration, making coordination difficult. Continuing hostilities put much of the country off-limits making it impossible to assess the scope of the problem outside of Phnom Penh. [passage omitted]

But for Dr. Tia, "the most serious problem is poverty. In Cambodia a qualified surgeon makes only US\$30 a month, even less in the community health sector where most AIDS prevention work takes place. This makes it hard to get good people—they would rather start a private practice."

As well as his position on the National AIDS Committee, Dr Tia also has to work as a surgeon to make ends meet. "Even the most important people on the NAC work several jobs."

Miss Kien agrees that poverty is central to much of the problem. Founded in early 1979, the Cambodian Women's Association is one of the very few organisations in Cambodia actively working with the prostitutes themselves.

"Most Khmer like to think it is only Vietnamese women (who are working as prostitutes), but that's simply not true," says Miss Kein. A lot of women try to escape the rural poverty by getting jobs in the main cities and end up as prostitutes. She related stories she had heard of pimps going into the countryside to recruit women for brothels, in some cases buying them off their families for up to US\$150.

Working among the prostitutes is slow and difficult, according to Miss Kien. "Many of the women have heard about AIDS but often play dumb with us, for fear that we are from the authorities and want to arrest them." Few women consequently want to attend workshops on sexually transmitted diseases. One tactic that the Women's Association uses to get around this problem is providing free English lessons to the prostitutes in which they talk about AIDS and other health issues.

Although some brothel owners provide treatment for workers with sexually transmitted diseases, most of the prostitutes treat themselves.

The departure of the UN could make AIDS prevention even more difficult. As one WHO official in Phnom Penh put it: "Much of what little modern medical infrastructure there is in this country will go with UNTAC."

Dr. Tia Phalla assessment is equally bleak: "My country was already destroyed once by Pol Pot. I fear it could be done again by AIDS."

## MALAYSIA

### Minister—5,294 Confirmed To Be HIV Carriers

BK1303133593 Kuala Lumpur Radio Malaysia Network in English 1300 GMT 13 Mar 93

[Text] 5,294 people are confirmed to be HIV carriers in the country. Out of the number, about 100 are prostitutes. Health Minister Datuk Lee Kim Sai said most of them are at ages ranging from 21 to 35 years old.

He was speaking to newsmen after launching a blood donation campaign in Kuala Lumpur. The minister added that there are 73 AIDS patients and 44 people have died of AIDS so far.

## SINGAPORE

### Ministry—158 Singaporeans Infected With HIV Virus

BK1801103893 Singapore THE SUNDAY TIMES in English 17 Jan 93 p 3

[Excerpt] The number of Singaporeans infected with the AIDS virus went up again last year, and the majority were young, unmarried heterosexuals. The Health Ministry statistics remained grim as the numbers of those found to be infected, those with full-blown AIDS, and those who died all went up. A total of 37 people have died as of Jan 1 this year.

Fifty-five more Singaporeans were found to be infected with the human immuno-deficiency virus (HIV) last year compared to 42 in 1991 and 17 in 1990. Those found to be infected comprised 49 men and six women, most of whom were single and aged between 20 and 39 years.

Almost all (96 percent) were infected through sexual contact and 70 percent were infected through heterosexual relations with prostitutes.

As of Jan 1, a total of 158 Singaporeans—147 males and 11 females—were found to be infected. [passage omitted]

### Seven Foreign Workers Test HIV Positive

BK1702140893 Singapore THE STRAITS TIMES in English 17 Feb 93 p 1

[Article by Mathew Pereira]

[Excerpt] Just six weeks after AIDS testing was made compulsory for foreign workers, at least seven have tested HIV positive, a check by THE STRAITS TIMES revealed. Six of them are believed to have been repatriated. The remaining worker will be sent home soon. Foreign workers can be tested at 22 centres. These include private hospitals and clinics.

THE STRAITS TIMES' figures came from three centres. Five other centres were not prepared to reveal the number detected since compulsory testing began in January. When contacted yesterday, the Health Ministry, too, was unable to give the total number of cases detected since the start of the mandatory testing. It said it had not collated the figures yet. [passage omitted]

## THAILAND

**Public Health Ministry Seeks AIDS Aid Funding***93WE0181D Bangkok BAN MUANG in Thai  
14 Nov 92 p 3*

[Text] Dr. Prayun Kunason, the director-general of the Department of Communicable Disease Control, Ministry of Public Health, said that for fiscal 1993, the AIDS budget has been set at 397 million baht. Of this, 70.56 million baht will be used to purchase drugs to fight the AIDS virus. Another 11.2 million baht will be used to purchase medicines to treat secondary diseases affecting AIDS patients. As for purchasing anti-AIDS drugs, so far, the Food and Drug Administration has authorized the registration of two types of drugs, that is, AZT and DDI. But these drugs just help extend the life of the patient. They cannot cure the person of this disease. Drugs to treat secondary diseases in AIDS patients include drugs to treat diarrhea, fungus, tuberculosis, and pneumonia.

The Department of Communicable Disease Control will purchase drugs to treat AIDS patients using these budget funds. The drugs will be purchased in Bangkok and then distributed to doctors at various hospitals who request such drugs. The AIDS Control Coordinating Committee, Ministry of Public Health, will decide to whom to distribute the drugs on a case-by-case basis as necessary, because there is not enough money to purchase AIDS drugs in sufficient quantity to distribute drugs to all patients throughout the country.

**Up to 4 Million AIDS Victims by 2000***93WE0181B Bangkok DAILY NEWS in Thai  
21 Nov 92 p 26*

[Excerpts] [passage omitted] Last year, the government and the World Health Organization estimated that there are approximately 200-400,000 AIDS victims in Thailand. This figure was based on a survey conducted among various groups such as prostitutes, men who like to participate in night life (which accounted for the largest number of people with the AIDS virus), intravenous drug users, housewives, and infants. It is estimated that the number of people with the AIDS virus is increasing at a rate of 600-1,000 people a day in Thailand (as compared with 5,000 people a day for the rest of the world). Thus, it is estimated that this year, there will be about 500,000 AIDS victims in Thailand. Unless people's behavior changes, that is, if people do not stop having promiscuous sexual relations and if they continue having sex with many different partners (or with people other than their spouse) and using the services of prostitutes without using a condom, by the year 2000, Thailand will have two to four million AIDS victims. The number of new AIDS victims will be greater than the number in Africa, which is where the AIDS problem is now the most serious.

In the past two to three years, the number of people with full-blown cases of AIDS has increased rapidly. The number has now reached 1,000 people even though they first contracted the AIDS virus in 1988.

There is, however, good news from the "100 percent condom program" in Bangkok, which got underway at the end of April 1992. The owners and managers of brothels are cooperating well. They understand the importance of

having prostitutes require their customers to use a condom every time (or of refusing to have sex with them if they refuse). This will protect the prostitutes and people in Bangkok from both AIDS and other venereal diseases. Before this program got underway, 30 to 38 people per 100,000 people contracted a venereal disease. After this program was launched, in May and August 1992, the rate was down to 23 to 28 people per 100,000 people. [passage omitted]

Since 1990, 90 percent of the drug addicts have stopped using shared needles. [passage omitted]

**New Immune System Virus, AIDS Vaccine***93WE0181C Bangkok BAN MUANG in Thai  
23 Nov 92 p 3*

[Text] An AIDS expert has disclosed that doctors have discovered a new disease. Victims exhibit symptoms similar to people with the AIDS virus. The actual cause of this disease has not yet been found. There are now about three to four people with this disease at the Chulalongkorn Hospital.

Dr. Praphan Phanuphak, the director of the AIDS Program, Thai Red Cross, said that doctors have discovered a new type of immune system virus. This disease affects the body's ability to fight off other diseases. People with this disease exhibit the same symptoms as people with the AIDS virus. But blood tests given these people for the HIV, or AIDS virus have proven negative. There are three-found patients at the Chulalongkorn Hospital with this disease. Worldwide, about 100 people have been found to have this virus. Based on the evidence at hand, doctors do not have any data showing the cause of this disease. Studies on sexual relations, blood transfusions, and intravenous drug use have not found any link between these things and this immune system disease.

Dr. Praphan said that the studies on the families of those with this disease do not indicate that the disease is contagious. It could be that this disease is caused by an allergy to some substance or drug. Or it may be that this disease stems from the fact that the person has contracted the AIDS virus. The virus then mutates and affects the immune system. But so far, doctors have not been able to detect the AIDS virus. People should not become alarmed about this. Even though this disease resembles AIDS, there is no evidence to indicate that this disease is contagious.

"This immune system disease resembles AIDS in every way, but so far doctors have not been able to detect the AIDS virus. Medical circles discovered this virus just two to three years ago. This is a very strange disease, because so far, we have not been able to discover any clear cause. This virus may have been around for a long time. But so far, medical technology has not been able to find a cause," said Dr. Praphan. He added that this virus weakens the person's immune system, which means that the victim is easily susceptible to other diseases. People in medical circles are working hard to find the cause and a way to treat this disease. But they are still in the dark.

In his capacity as chairman of the Human Research Committee, Dr. Withun Saengsingkaeo, the director-general of the Department of Medicine, said that on 23 November, the Research Committee will hold a meeting to

discuss whether permission should be given to test the GP-160 AIDS vaccine developed by the American Walter Reed Institute on Thais. Previously, the committee discussed a vaccine developed in Japan. At that meeting, it was decided that permission should not be given to test the Japanese vaccine on Thais, because there were no clear data indicating that the vaccine was safe.

### Doctor Discusses AIDS Imitator

93WE0213A Bangkok THAI RAT in Thai 1 Dec 92 p 5

[Excerpt] [passage omitted] Another new disease has appeared and caught the attention of the world. Dr. Praphan Phanuphak, the director of the Thai Red Cross AIDS Program (Niranam Clinic), discussed the seriousness and symptoms of this new disease.

"Last July, I attended an international conference on AIDS in Amsterdam. One doctor got up and told the conference that he had discovered a new type of disease whose symptoms are similar to those of AIDS. But the blood tests to check for the presence of the HIV virus and the tests to cultivate the virus found that the patients did not have the AIDS virus.

"Thus, those at the conference were excited by the fact that that doctor may have discovered a new type of disease. I myself had begun to wonder about that, because three years ago, at the Chulalongkorn Hospital we had a patient who exhibited symptoms similar to those described by that doctor. The symptoms included secondary infections, which is similar to what happens in the case of AIDS patients. And there was a change in the T cells of the body. But when we checked for the presence of antibodies (AIDS blood test), the results were negative. Even the tests for the presence of AIDS virus antigens were negative.

"We have found three people at the Chulalongkorn Hospital with these symptoms. Of these, two are men and one is a woman. To date, two of these people have died. The interesting thing is that the tests done have not found any type of virus in their blood. And those patients had not engaged in risky behavior. They were not, for example, addicted to drugs, and the woman was not a prostitute. But their symptoms were exactly like those exhibited by people with AIDS. They suffered from secondary infections such as viral pneumonia, fungal meningitis, fungal skin and blood infections, chronic diarrhea, and chronic fever. All of these symptoms are the same as those seen in patients with full-blown cases of AIDS. But we were not able to detect the AIDS virus.

"Studies conducted abroad by doctors using microscopes have found that some of the people with this disease have viral-like cells in the blood. Most of these people have one thing in common and that is that they have immunodeficiencies and so they easily contract secondary diseases. This is just the opposite of lupus, in which the immune system produces autoantibodies to an endogenous antigen. These two diseases are just the opposite of each other.

"For this reason, some doctors think that this may be a common immunodeficiency disease, because there is a low T-cell count, which means that the immune system is weak. But something else worth noting is that a low T-cell count may be hereditary or it may stem from the use of drugs used to treat cancer, which suppress the body's

immune system. Or it may be that the immune system has weakened with age. But looking at the backgrounds of the three patients in Thailand, they do not fit into any of these categories.

"For this reason, some doctors think that this is a new type of viral disease. But that is just an assumption, because as of now, no one knows the real cause of this disease. And because of this, we don't know the risk factors or how people can protect themselves. Moreover, this disease has not yet been given a name. When talking about it, we usually name it based on its symptoms, that is, we refer to it as 'unexplained severe immunosuppression without evidence of HIV infection.'"

"Because there is no treatment for this disease and because the cause is not known, doctors must treat the secondary diseases and give medicine to strengthen the immune system. Doctors have also concluded that this disease is not contagious. It affects certain people only, but the cause is not yet known. At the meeting of the World Health Organization that I attended, it was concluded that another disease resembling AIDS has appeared. This disease may have existed before, with people just becoming aware of it during the past three to four years. People should not become alarmed about this, because so far there have been only three cases of this disease in Thailand. And fewer than 100 cases have been found worldwide.

"As a doctor, whenever we discover such a disease and don't know the cause of it, the only thing we can do is inform other doctors and be aware that there is a new problem that we must monitor. As far as the people are concerned, now that we know that one of the common factors among those with this disease is an immunodeficiency, we must turn our attention to maintaining the health of people. People should exercise regularly and get enough rest. They should not weaken themselves by drinking or taking drugs. And what is important is that people should remain calm. If people do these things, their immune system will function properly."

This is something else that will keep doctors busy. Studies will probably get underway very soon, and this disease will probably be monitored very closely at both the international and domestic levels. This is another step in which the world is evolving in step with diseases.

### Ubon AIDS Up Tenfold

93WE0213B Bangkok BAN MUANG in Thai 4 Dec 92 p 8

[Excerpt] Ubon Ratchathani: Dr. Samroeng Yaengkathok, the public health officer in Ubon Ratchathani Province, discussed the AIDS situation in the province. He said that based on reports on the number of people with AIDS, as of 24 November 1992 there were 23 cases of AIDS. Of these, six people have died and eight have AIDS-related symptoms. It is estimated that more than 7,000 people have the AIDS virus but do not yet exhibit any symptoms. The average age of those with AIDS is 25 to 34. Most of those with this disease are workers. The ratio of women to men is 2:10. There were only 700 cases of AIDS in 1991, which is a 10-fold increase. That is a very high rate. [passage omitted]

**AIDS Cases Grow by 35,000 Yearly***93WE0181A Bangkok SIAM RAT in Thai 7 Dec 92 p 2*

[Excerpt] Dr. Thira Sirisanthana, a doctor at the Chiang Mai City Maharaj Hospital, Faculty of Medicine, Chiang Mai University, disclosed that it is predicted that within the next six years, at least 35,000 people a year will come down with full-blown cases of AIDS. In the past 18 months alone, the Chiang Mai City Maharaj Hospital has treated 380 people with full-blown cases of AIDS. Of these, 300 were women, and 80 were children. It is thought that other hospitals in the north, particularly in Lampang, Phayao, Chiang Rai, and Nan Provinces, will have a large number of AIDS patients, too. The AIDS problem in Chiang Mai is becoming more and more serious. If people want to see what the situation in Bangkok will be like in another three years, all they have to do is look at what is happening in Chiang Mai today.

Dr. Thira said that the number of people with full-blown cases of AIDS is increasing rapidly. But hospitals nationwide only have about 90,000 beds. We will soon reach the point when we won't have enough beds for all the AIDS patients and patients with other diseases. The large hospitals won't be able to accept patients. Thus, the state must quickly formulate a plan to deal with the AIDS problem. This includes increasing the capabilities of the hospitals and training doctors and nurses, particularly those who work at general hospitals and community hospitals so that they have the knowledge and confidence necessary to take care of AIDS patients. This must be done in order to reduce the burden on the large hospitals. Also, people must be given information so that they can look after themselves in their communities.

**Chiang Rai AIDS Statistics***93WE0213E Bangkok NAO NA PHU YING in Thai 16 Dec 92 p 7*

[Excerpts] "Today, the incidence of AIDS among people in the rural areas is twice as high as among urban dwellers. The spread of the AIDS virus in Chiang Rai Province is increasing. In 1989, only five percent of the people had the AIDS virus. But tests done in 1992 showed that the percentage had increased to 19 percent. This is just the opposite of the trend in Chiang Mai Province, where the percentage of people with AIDS has dropped from 14 percent to 11 percent."

This statement was made by Dr. Thawisak Nopkaset, the head of the Surgery Department, Naresuan Camp Hospital. He was discussing the AIDS problem, which is now spreading rapidly in both Thailand and other countries and which was a topic of discussion at a seminar on "Methods to Fight AIDS." Chiang Rai Province held this seminar at the Wiang Inn Hotel. Mr. Phira Mathathat, the deputy governor of Chiang Rai Province, presided at the conference. [passage omitted]

Chiang Rai Province is a tourist area. Both Thai and foreign tourists like to visit this area. On average, about 500 to 600,000 tourists visit the province each year. This is why AIDS poses a greater threat here than in other provinces.

Studies conducted by the Ministry of Public Health have found that nationwide, there are about 400,000 people

with the AIDS virus. In the next eight years, that number will increase to 2.5 million people. In Thailand today, on average, two more people contract the AIDS virus each day. [passage omitted]

Studies conducted by American doctors have found that AIDS is spreading at an alarming rate. In the past, the AIDS epidemic was thought to be most serious in Africa. But today, the AIDS epidemic is worst in South Asia. That is, the incidence of AIDS in Asia is much higher. Worldwide, on average, another eight people come down with AIDS every minute. [passage omitted]

**Doctor Comments on AIDS-Infected Infants***93WE0213F Bangkok THAI RAT in Thai 21 Dec 92 p 19*

[Excerpt] Dr. Chumphon Wongprathip, the director of the Children's Hospital, said that the number of new-born infants who have contracted the AIDS virus from their mothers is increasing every day. This can be seen very clearly at the Ratchawithi Hospital, which is the hospital with the highest birth statistics in the country. Doctors at the Children's Hospital, who are involved in looking after new-born infants, have found that the number of children born to mothers with AIDS and who have contracted the AIDS virus from their mothers is increasing rapidly. Today, there are approximately 300 such children. But these children do not have full-blown cases of AIDS. There are about 30 children, ranging in age from six months to three years, with full-blown cases of AIDS. About one in every three children born to a woman with AIDS will contract the AIDS virus from its mother. In some of these children, the disease develops very rapidly, but in others it develops slowly. Those children in which the disease develops rapidly usually die very quickly.

The director of the Children's Hospital said that when doctors first found infants who had contracted the AIDS virus from their mothers, the mothers were usually drug addicts. But later on, more and more were found to have contracted the disease from mothers who were ordinary housewives. From what he knows, in several provinces such as Chiang Mai and Chiang Rai, there are many infants with AIDS in the hospitals there. This is because in those provinces, the incidence of AIDS among prostitutes is very high. Also, large numbers of tourists visit those provinces. Thus, AIDS is spreading very rapidly there. [passage omitted]

**AIDS Statistics in Bangkok***93WE0240B Bangkok DAILY NEWS in Thai 25 Dec 92 p 28*

[Text] Most AIDS patients in Bangkok are between the ages of 30 and 34, and most are laborers.

Dr. Raphiphat Kaemsuk, the director of the Disease Control Division, talked about the AIDS situation in Bangkok. He said that as of 30 November, 157 people living in Bangkok had full-blown cases of AIDS. Of these, 67 have died. Since October, another 16 people have come down with full-blown cases of AIDS. There are 337 people with AIDS-related symptoms. Of these 15 have died, and 324 are still alive. This is an increase of 45 people since October. A total of 76.98 percent of the patients with a full-blown case of AIDS contracted the virus from

engaging in sexual relations, 17.83 percent contracted the virus from using drugs, and 1.91 percent contracted the virus from their mother. As for those who have AIDS-related symptoms, 75.57 percent contracted the virus from engaging in sexual relations, 18.99 percent contracted it from using drugs, and 1.78 contracted it from their mother. A total of 113 of those who have full-blown cases of AIDS and who have AIDS-related symptoms are between the ages of 30 and 34. Most of the AIDS patients, 206 people, are laborers and workers in factories and officials.

### Health Official Comments on Vaccine for AIDS

93WE0240A Bangkok DAILY NEWS in Thai 8 Jan 93 p 3

[Text] Dr. Prayun Kunason, the director-general of the Department of Communicable Disease Control, Ministry of Public Health, said that to date, no scientist or institute in the world has been able to discover a vaccine for AIDS that has succeeded in passing phase-2 testing. Some people have charged that the Ministry of Public Health is not interested in bringing in an AIDS vaccine and testing it in Thailand, but that is not true. The real reason is that there is still no vaccine that has reached the stage where it would be worthwhile testing it on Thais.

Dr. Prayun said that at the same time, the Ministry of Public Health is quickly making preparations on various fronts in order to coordinate things in testing an AIDS vaccine on Thais. A program to prepare for studying an AIDS vaccine has already been submitted to the World Health Organization for consideration. An AIDS vaccine study in Thailand must be carried out in accord with the recommendations of the World Health Organization. The vaccine must not pose a danger to the lives or health of the people. The vaccine must first be tested on patients in the country that produces it during the second phase, and it must be approved by the National AIDS Control and Prevention Committee, which is chaired by the prime minister.

Dr. Suphachai Ruk-ngam, the director of the AIDS Division, Department of Communicable Disease Control, said that to date, about 14 vaccines have passed the phase-1 tests. Several of these vaccines are now undergoing phase-2 testing. These vaccines are being tested on about 200-300 patients. Thus, as of now, no vaccine has passed the phase-2 tests. However, there have been good reports about one vaccine, that is GP 160, which has been developed by the U.S. Army Institute of Medical Research, or the Walter Reed Institute. It has been announced that the results of the phase-2 studies will be revealed this coming March. The AIDS Vaccine Committee of the World Health Organization will be allowed to examine the data. This is the first AIDS vaccine to become well-known, and it is the one that has made the most progress.

## VIETNAM

### Resolution Issued on Prostitution Control

BK2002094593 Hanoi Voice of Vietnam Network  
in Vietnamese 2300 GMT 11 Feb 93

["Text" of the SRV government's resolution on prostitution prevention and control; dated 29 January]

[Text] Prostitution is a social vice. Prostitution was basically done away with in our country, both in the north and the south, for many years following the liberation. But in recent years, this bad practice has reoccurred, thus eroding our people's ethics, customs, and tradition, adversely affecting our cultural and social life, public order and security, and more seriously, likely enabling the AIDS disease to spread, and leaving grave consequences for future generations.

This bad practice is arousing concern and indignation among the people. The reasons for this situation are that a segment of the people who are not adequately educated on how to lead a wholesome lifestyle have indulged themselves in a debauched and pleasure-seeking life, that the state management on the social aspect from the central down to local levels has been lax, and that legal actions against prostitution have not been strict enough.

In order to gradually dispel and then eradicate the scourge of prostitution and to ameliorate the social life, the government hereby decides on the following policies and measures:

1. Resolutely eradicate the scourge of prostitution, including sex buying and selling under any forms. This is a very complex and difficult job, the responsibility of which rests with the state management organizations, with various echelons, sectors, mass and social organizations, and with the entire people. In the immediate future, measures should be taken to promptly avert and eradicate the scourge of prostitution, particularly in big cities and industrial and tourist centers. Didactical propaganda and administrative measures and legal actions should be combined with organizing the treatment of diseases and conducting vocational training to create appropriate jobs for those entering into prostitution due to economic difficulties.

2. Widely spread propaganda on the danger of the course of sex buying and selling—which is associated with the catastrophe of AIDS—so everyone can understand and find it necessary to eradicate the scourge of prostitution from social life. It is necessary to teach a wholesome lifestyle, preserve the fine national ethical tradition among the people, especially youths and teenagers.

3. Map out an interministerial anti-prostitution programme whose main contents consist of:

- a. Conducting a survey for classification of prostitutes. With those professional prostitutes, it is necessary to round them up for vocational training and to create jobs for them in each populated area. The state shall set aside a necessary operational fund for this program.

Beginning 1993, the Ministry of Labor, War Invalids, and Social Welfare shall discuss with the Ministry of Finance to set aside part of the social security budget for this program.

- b. Severe punitive actions shall be taken against those acting as procurers and pimps under any forms and at anywhere such as at hotels, convalescence homes, restaurants, and night clubs in accordance with the criminal code. If these facilities are privately run or non-governmental establishments, their business licenses shall be revoked and their operators shall be prosecuted



according to the criminal code. If these facilities are state establishments, the managers of these establishments shall also be prosecuted according to the criminal law while their responsible, next-higher echelons shall also be made to face administrative penalties.

c. With regard to sex buyers, including civil servants of whatever positions, a violation report shall be made with a copy of which to be forwarded to their parent agencies. They shall be made to face severe administrative disciplinary actions and their offense may be publicly announced on the mass media as a deterrent for all. If the offender is not a civil servant, a violation report shall be made and he will be delivered to the local authorities who will have him pledge not to commit the offense again.

4. The responsibilities of the administration at various levels and of relevant ministries and sectors: The chairmen of the people's committees at various levels shall ascertain the prostitution situation in their areas of responsibility and shall map out prostitution prevention and control plan for each specific time in their localities. As an immediate task, they shall take prompt measures to do away with those places offering prostitution under any forms and shall severely punish the procurers and those lending a helping hand to them.

The Ministry of Interior shall intensify the control of those places such as hotels, restaurants, and convalescence homes where there are indications of prostitution; and shall round up prostitutes into social establishments for education, disease treatment, and vocational training. The Ministry of Public Health is duty bound to provide medical treatment to prostitutes at public health units, social welfare centers, or when they are with their families.

The General Tourist Department must strengthen its control over units under its jurisdiction. If prostitution exists in areas under these units, the unit heads will be dealt with according to criminal law.

The Ministry of Justice and agencies concerned must study, supplement, and amend laws on prosecution of prostitution for submission to the government, which will then seek National Assembly approval.

The Ministry of Education and Training and the Ministry of Culture and Information must strengthen their coordination to formulate methods to provide information on the consequences of prostitution at schools and other social establishments. Efforts must be made to motivate sectors, agencies, and people to prevent and eliminate this social vice.

The Ministry of Labor, War Invalids and Social Welfare is dutybound to launch and supervise a campaign to eliminate prostitution while creating more jobs and fighting against hunger and poverty. It is imperative for the ministry to set up a number of centers for medical treatment, education, and training of ex-prostitutes. Efforts must be made to set up vocational training courses for these people, especially on tailoring, weaving, and knitting. More jobs should be offered to them by the various new economic zones, especially by the Tan Hiep project in Ho Chi Minh City and the Soc Son project in Hanoi.

Efforts must be made by the Vietnam Fatherland Front, the Vietnam Women's Union, the Confederation of Vietnamese Workers, the Vietnam Peasants Association, the Ho Chi Minh Communist Youth Union, and other social welfare establishments to educate and motivate their members to struggle against prostitution and to participate in campaigns to prevent and eliminate this social vice.

Ministers and heads of organizations at ministry level, chiefs of government agencies, and people's committee chairmen of provinces and municipalities directly subordinate to the central government must take measures to effectively implement this resolution.

#### **Vietnam Claims 45 HIV Cases So Far**

*BK0803152893 Hanoi Voice of Vietnam in English  
1000 GMT 8 Mar 93*

[Text] Up to March 5, 1993, five more residents in Ho Chi Minh City have been tested HIV positive, bringing to 37 the total number of carriers of this deadly virus in the city.

According to statistics, Vietnam has found 45 cases of HIV positive, including 44 cases in South Vietnam and one in North Vietnam.

A recent directive issued by Ho Chi Minh City Health Service urged medical stations to get blood samples of those patients who are drug addicts and send them to the AIDS Committee for examination.



**ROMANIA**

**Constanta County Holds European 'Record' of  
AIDS Cases**

*AU2202082893 Bucharest EVENIMENTUL ZILEI  
in Romanian 21 Feb 93 p 8*

[Lucian Tudorancea, Lucian Doroftei signed article: "Constanta: Alarming Increase of AIDS Cases"]

[Text] According to a statement made by Rodica Matusa, a representative of the Constanta County Hospital, each month 30 new cases of AIDS are discovered in that county.

Sadly enough, Constanta County is the holder of both the national and the European records of AIDS cases. At the end of last year, there were 1,300 recorded AIDS patients there, of whom 800 were children. According to Dr. Rodica Matusa, the children were infected by their mothers during pregnancy.

## REGIONAL AFFAIRS

### Southern Cone Health Report 15-21 January

*PY2201204893 Various Sources in Portuguese and Spanish 15-21 Jan 93*

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 15 to 21 January. Source, date, and time are given in parentheses after each item.

#### BRAZIL

**New AIDS Cases Reported**—The Health Ministry has reported that 578 cases of AIDS were registered in the country during December 1992. The total number of individuals infected with the virus now stands at 33,938. The states most affected by the disease were Rio de Janeiro with 250 cases, Minas Gerais with 96 cases, Bahia with 66 cases, Parana with 44 cases, and Rio Grande do Sul with 43 cases. (Rio de Janeiro O GLOBO in Portuguese 16 Jan 93 p 5)

#### CHILE

**National AIDS Cases Update**—Health Under Secretary Patricio Silva and the National AIDS Commission have reported that 990 individuals were registered as having being infected with the AIDS virus in the country. The reports adds that, of these cases, 630 individuals have become sick and half of them have already died. The report states that 93 percent are males and 7 percent females. (Santiago LA NACION in Spanish 8 Jan 92 p 10)

#### PARAGUAY

**AIDS Figures Reported**—Doctor Nicolas Aguayo, head of the National AIDS Program, yesterday reported that 185 cases of AIDS have been registered since the disease first appeared in the country in 1986. Of this total 56 individuals have become sick—17 in 1992—and 37 of them have already died. (Asuncion ABC COLOR in Spanish 15 Jan 92 p 24)

### Southern Cone Health Report 29 Jan-4 Feb 93

*PY0502014493A Various Sources in Portuguese 29 Jan-4 Feb 93*

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 29 January to 4 February. Source, date, and time are given in parentheses after each item.

#### BRAZIL

**HIV-2 Virus Detected**—Sao Paulo University Professor Alcione Machado has proven the existence of the AIDS virus HIV-2 in Brazil. Machado made this discovery after testing the blood samples of 88 AIDS patients, and has thus put an end to the controversy over the existence of the HIV-2 virus—which can be found mainly in western Africa—in our country. (Brasilia Radio Nacional da Amazonia in Portuguese 0900 GMT 29 Jan 93)

### Southern Cone Health Report 5-11 February

*PY1102171793 Various Sources in Spanish and Portuguese 5-11 Feb 93*

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay

Bureau from 5 to 11 February. Source, date, and time are given in parentheses after each item.

#### ARGENTINA

**AIDS cases Reported**—The national director of the program to prevent AIDS, Alfredo Miroli, has reported that 2,000 people are currently ill from AIDS. He added that of the 15,000 carriers, 2,200 are from Mar del Plata and that 78 of them are drug addicts. (Buenos Aires TELAM in Spanish 1404 GMT 5 Feb 93)

#### BRAZIL

**AIDS Spreading Fast**—The Health Ministry has reported that 943 cases of AIDS were reported during January 1993, although 759 of these cases were diagnosed during 1992. The official bulletin says that a total of 34,871 cases have been reported since the disease first appeared in the country in 1980 and that 43 percent of this total, or nearly 15,000 have already died. The AIDS program coordinator said the number of infected women has increased from one for each 124 men in 1984 to one for each six men today and that last year 164 babies were born with the HIV virus. (Brasilia Voz do Brazil Network in Portuguese 2200 GMT 9 Feb 93)

### Southern Cone Health Report 19-25 February

*PY2502171693 Various Sources in Spanish 19-25 Feb 93*

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 19 to 25 February. Source, date, and time are given in parentheses after each item.

#### BOLIVIA

**AIDS Cases Nationwide**—National AIDS Program head Maria Luisa Melgar has reported that AIDS cases have already spread to six departments. She said that a total of 83 cases were reported as of 31 December, and seven new cases in January, that is, more than one case per week. (La Paz PRESENCIA in Spanish 24 Feb 93 p 8)

#### PARAGUAY

**AIDS Cases Go Up**—Health Minister Cynthia Prieto told journalists that AIDS has already become a threat to society because of the increasing number of AIDS carriers. She said that over 200 AIDS cases have already been detected in the country, many of them fatal. (Asuncion NOTICIAS in Spanish 19 Feb 93 p 42)

### Regional Health Report 7-16 January

*PA1701014493 Various Sources in Spanish 7-16 Jan 93*

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 7 to 16 January. Source follows in parentheses after each item.

#### PANAMA

Health Ministry sources say 406 AIDS cases have been reported since the disease first appeared in 1984; adding 249 of the patients have died. (Panama City EL SIGLO in Spanish 9 Jan 93 p 47)

### Regional Health Report 16-22 January

PA2301035593 Various Sources in Spanish  
16-22 Jan 93

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 16 to 22 January. Source follows in parentheses after each item.

#### COLOMBIA

Cali residents are concerned over the spread of acquired immune deficiency syndrome [AIDS]. Even babies are now being infected. It has been reported that 557 mothers or housewives have the virus. Oddly enough, only 1 percent of the city's prostitutes have it. (Santa Fe de Bogota Inravisión Television Cadena 1 in Spanish 0030 GMT 17 Jan 93)

#### PANAMA

At the Children's Hospital, two more newborn babies have been reported to be infected with the AIDS virus. (Panama City EL SIGLO in Spanish 21 Jan 93 p 5)

### Regional Health Report 22-29 January

PA3001135693 Various Sources in Spanish  
22-29 Jan 93

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 22 to 29 January. Source follows in parentheses after each item.

#### Costa Rica

Costa Rican Health Ministry officials reported 117 new cases of AIDS were registered in 1992, the highest increase in the last 10 years. A total of 433 cases of AIDS have been reported since 1983, of which 266 have died. (Mexico City NOTIMEX in Spanish 2025 GMT 25 Jan 93)

#### El Salvador

Deputy Health Minister Gustavo Argueta reported an AIDS epidemic in Salvadoran prisons. At least 25 cases have been detected, mostly among homosexual inmates. (Hamburg DPA in Spanish 0011 GMT 28 Jan 93)

#### Panama

Panamanian health authorities say 420 cases of AIDS have been reported in the country since the virus was first detected in the country. (Mexico City NOTIMEX in Spanish 2031 GMT 23 Jan 93)

Health Ministry official Dr. Alejandro Moreno reports 19 cases of AIDS have been detected in Panama City, 14 of them are prostitutes, mostly foreigners. (Panama City Circuito RPC Television in Spanish 2300 GMT 22 Jan 93)

### Regional Health Report 31 Jan - 5 Feb

PA0602152693 Various Sources in Spanish  
31 Jan-5 Feb 93

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 31 January to 5 February. Source follows in parentheses after each item.

#### GUATEMALA

Government sources on 2 February reported that 90 cases of acquired immune deficiency syndrome, AIDS, were detected at Granja Penal de Pavon Prison, in Fraijanes Municipality, 28 km southeast of Guatemala City. Health authorities announced that the infected inmates were isolated and sexual relations have been eliminated to prevent the spread of the disease. Eusebio Del Cid, minister of public health and social welfare, explained that the cases reported at the prison represent 26.2 percent of the national total. The minister concluded that 343 cases of AIDS and 129 fatalities were reported in Guatemala through 15 January. (Panama City ACAN in Spanish 1538 GMT 2 Feb 93)

#### MEXICO

The number of AIDS cases in Mexico City jails has doubled in the last two years, going from 18 in 1991 to 36 in 1993. According to Mexico City health officials, the 36 AIDS infected prisoners who remain at Santa Martha Prison have been isolated from other prisoners. Official reports concluded that since 1982, 11,398 cases of AIDS have been reported in Mexico. (Madrid EFE in Spanish 1748 GMT 1 Feb 93)

#### PANAMA

A Health Ministry spokesperson has reported that seven persons, most of them heterosexuals, died of AIDS in Panama in January. (Panama City LA ESTRELLA DE PANAMA in Spanish 2 Feb 93 p A5)

### Regional Health Report 5-12 February

PA1302161493 Various Sources, 5-12 February

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 5 through 12 February. Source follows in parentheses after each item.

#### Honduras

It was officially announced on 9 February in Tegucigalpa that there are 3,541 cases of AIDS throughout Honduras. The Health Ministry announced that during the first two months of 1993, 14 new cases were confirmed at the central penitentiary in Tegucigalpa. The report indicates that most of the victims are male heterosexuals. So far the disease has claimed 630 lives. (Mexico City NOTIMEX 2026 GMT 9 Feb 93)

#### Nicaragua

The Health Ministry reports that of 31 people with AIDS reported in Nicaragua since 1987, 28 have died. The ministry indicates that the real number of cases could be much larger and estimates that there may be as many as 6,000 to 10,000 Nicaraguans infected with the disease. (Managua Radio Sandino 1830 GMT 12 Feb 93)

#### Panama

The Health Ministry reports that a total of 257 people between ages 20 and 44 have died from AIDS in Panama over the past nine years. A ministry official said that since 1984 there have been 431 cases of AIDS, 346 of which were sexually transmitted. (Panama City ACAN 2228 GMT 12 Feb 93)

**Regional Health Report 12-19 February**

PA2002040493 *Various Sources in Spanish*  
12-19 Feb 93

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 12 to 19 February. Source follows in parentheses after each item.

**Costa Rica**

Health authorities reported 117 new AIDS cases during 1992 and estimated there could be 5,850 people infected. Total AIDS cases now amount to 433. (Panama City ACAN in Spanish 2249 GMT 17 Feb 93)

**Ecuador**

A government health specialist reports that in the port of Guayaquil, Ecuador's largest and most populated city, 20 new AIDS cases are reported each month. (Madrid EFE in Spanish 0013 GMT 13 Feb 93)

**Guatemala**

An official report has disclosed that about 35,000 Guatemalans are positive HIV virus carriers. Over the past 12 years, 701 cases of AIDS have been reported, of which 134 have died and 363 have already developed symptoms. Up to January 1993, according to the statistics, 145 of the cases are women and 363 are men. According to the authorities, 56.3 percent of the cases were infected through heterosexual contact, 22.4 percent by homosexual contact, and 7.8 percent through bisexuals. Guatemala City had 73 percent of the cases. (Mexico City NOTIMEX in Spanish 0018 GMT 17 Feb 93)

**Regional Health Report 26 Feb-5 Mar**

PA0603033793 *Various Sources in Spanish*  
26 Feb-5 Mar 93

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Panama Bureau from 26 February to 5 March. Source follows in parentheses after each item.

**ECUADOR**

Health authorities in Zamora Province have reported three cases of acquired immune deficiency syndrome,

AIDS, in Nambija, due to the proliferation of clandestine brothels. (Quito Voz de los Andes in Spanish 1200 GMT 2 Mar 93)

**PANAMA**

The Health Ministry has reported that through 31 January 1992, 431 cases of AIDS have been registered since 1984, including 363 men and 68 women. The report added that 257 of those patients have died, of which 210 were men and 47 were women. (Panama City EL SIGLO in Spanish 5 Mar 93 p 26)

**GUATEMALA****Public Health Reports 629 Cases of AIDS**

93WE0217A *Guatemala City PRENSA LIBRE*  
in Spanish 5 Dec 92 p 5

[Text] Since the first case of AIDS was identified in Guatemala, the Ministry of Public Health has officially confirmed reports of 629 carriers of the virus in the country. This statement was made yesterday by the head of that ministry, Eusebio del Cid Peralta.

According to the official figures collected up to October of this year, 300 asymptomatic individuals have tested positive, while 27 have been diagnosed with the lymphadenopathy associated with AIDS and 302 have been diagnosed with full-blown AIDS.

Within the group of individuals reported with this disease, the Ministry of Health reports that there have been 112 deaths, with the highest number being seen in 1990.

According to this same report, the largest number of persons infected with the AIDS virus was reported last year. Males are most affected within the total number of cases, to the extent of more than twice the number of females infected.

In a symbolic ceremony held yesterday, Minister of Public Health Eusebio del Cid Peralta and the National Commission for the Prevention and Control of AIDS were presented with samples of a new postage stamp. It was designed for use in the national postal system as a part of the AIDS prevention campaign.

Postal Director General Gustavo Rosales presented the first of these stamps, which went on sale throughout our territory yesterday, to the minister of public health.

## INDIA

### HIV Positive Cases Said To Number 8,500

93WE0243A Madras THE HINDU in English  
17 Jan 93 p 3

[Text] Madras, Jan 16. A collaborative workshop on AIDS is to be held in the city next month, under the Into-U.K. Higher Education Link Program, to share the British experience in AIDS control and to formulate strategies to combat the epidemic.

The HIV seropositive population in the country has been put at 8,500, as per information available from the limited HIV testing centers in the country. About 80 percent of these infections are in the 18-40 age group.

The World Health Organization has estimated that 120 million people all over the world would be infected, by the turn of the century.

Since a cure for AIDS is yet to be achieved and a vaccine for prevention is not currently available, the only available methodology is prevention by public health education. This can be done by dissemination of knowledge about the disease, its profile and ways and means of protection from HIV.

AIDS cell sources said the United Kingdom has been able to contain the epidemic, largely due to its public health policies.

The AIDS cell of the Madras Medical College and the Dr. ALM Postgraduate Institute of Basic Medical Sciences, Taramani is organizing the workshop from February 9 to 11. The workshop—Indo-U.K. Workshop on Current Status of AIDS—is sponsored by the British Deputy High Commission, Madras.

Five British scientists—Dr. Eric Walker, Epidemiologist, Communicable Diseases Unit, Ruchill Hospital, Glasgow, Dr. Philip Mortimer, Director, AIDS Research Laboratory, Colindale, Dr. Raymond D. Maw, Venereologist, Royal Victoria Hospital, Belfast, Ms. Lindsay Neil, Manager Sexual Health Program, Health Education Authority, London and Sr. Jill Robertson, Staff Nurse, Ruchill Hospital, Glasgow—would address the three day workshop.

From the Indian side, besides scientists and public health experts working on AIDS control and awareness, representatives from the Ministry of Health, Indian Council for Medical Research and Health Department officials from the State Government would participate.

The program includes workshop for medical personnel on February 9, orientation sessions for the Non-Governmental Organizations the next day and a session for the public to interact with experts on February 11.

### Increasing Number of AIDS Patients in Madras

BK1802094793 Delhi INDIAN EXPRESS in English  
8 Feb 93 p 1

[Excerpts] Madras—The AIDS time bomb is ticking away, and an institution like the Madras Medical College [MMC] which has the ICMR AIDS surveillance centre is now seeing a full blown AIDS case once in eight days.

There have been 65 full blown cases of AIDS here till the end of 1992. During 1992 alone this centre saw 44 AIDS

cases apart from people testing positive for the HIV virus. At the AIDS cell at the CMC, Vellore, of the 75 AIDS cases, 34 were reported in 1992 alone. This is a positive pointer that incidence of AIDS cases in the country is going up. The MMC cell has found over 1000 HIV seropositive cases.

Dr. Sunithi Solomon, MMC Additional Professor of Microbiology in charge of the AIDS cell, said, "Almost 80 percent of those who come to us must be dead. They come to us almost at the end, after hopping from one private hospital to another, and going through all kinds of investigative procedures. There is hardly anything we can do for them. Not all of them stay on, and quite a few just disappear".

What is more shocking is her revelation that the number of cases found is not a true indicator of the real incidence of full blown cases. "One day we took a round of the General Hospital and picked up cases at random.. one skinny looking person here, another who was not responding to treatment for TB, etc. Out of the four blood samples we sent for the HIV test, we found two to be full blown cases. Till now we have not really been looking for AIDS.. once we do that, the numbers will swell", added Dr. Solomon.

[Passage omitted] At CMC Vellore, where the AIDS epidemiology Research cell was set up in 1985, discovered the first HIV positive cases in the country on February 22, 1986. Dr. Jacob John, Professor of Microbiology and Virology at the CMC and in charge of the AIDS cell, said, "From 1987 to 1991 we had seen only 41 full blown cases of AIDS, but in 1992 alone we saw 34 cases". This works out to almost one case in 10 days, and is a definite indicator of the spread of the HIV infection.

Most of these people belong to the lower middle classes, and about 20 percent are from the rural areas. But quite a few are engineers and businessmen. The one vital and interesting difference between the AIDS scene in Vellore and Madras is that while in the metropolis the ratio of men and women is roughly 1:1, in Vellore it is 5:1. Dr. John said, "This is very interesting because in sampling for HIV infection, an inevitable bias comes in and we look for prostitutes, patients with STD's, etc. And the survey does not reflect the cross-section of society".

"But when it comes to full blown cases of AIDS, we go by cases which land up in hospitals. So it is a self-selected group minus our bias, and here the ratio is five men to one woman", he added.

One significant gender-linked difference is that "While 98 percent of men pick up infection from contact with prostitutes, when it comes to women, half of whom are faithful, they are infected by their husbands and a small percentage get infected through blood transfusion", said Dr. John.

He said this was in stark contrast to the situation in Africa where the male-female ratio is 1:1 and the spread of the HIV is through the heterosexual route.

"There promiscuousness is equal among men and women, and there is much less strictness about extra marital sex", added Dr. John.

## IRAN

## Paper on New Policy, Reaction to AIDS

## Foreigners Subjected to Blood Test

93WE0266A Tehran KEYHAN-E HAVA'I in Persian  
6 Jan 93 p 4

[Text] Karaj. IRNA. 7 Dey [28 Dec] In order to prevent the entry of patients with AIDS, from now on all foreign passengers intending to remain in Iran for more than three months will be subjected to a blood test.

Dr. 'Abd al-Hamid Imam, the secretary of the National Committee on Fighting AIDS, made this announcement at the AIDS Training Seminar in Karaj and said: The necessary coordination will be made with the Ministry of Foreign Affairs to administer blood tests to foreign passengers.

Referring to the existing shortcomings in public education to prevent AIDS, he said: Unfortunately, some of the officials in propaganda affairs do not offer the needed cooperation with the Anti-AIDS Committee due to lack of a full understanding of the dangers resulting from the spread of this disease.

He asked the media to take advantage of the medical information available from the National Committee on Fighting AIDS and inform the people about its dangers and the ways to prevent this disease.

In the continuation of this seminar, Ms. Shirvani, a member of the National Committee on Fighting AIDS, spoke about the importance of disinfecting medical equipment, especially dentistry equipment, to prevent the transmission of the virus of this disease.

She said: According to the latest research, the symptoms of this disease appear and can be identified in the mouths of 90 percent of patients. Hence, if dentists acquire the necessary medical information, they can easily identify the symptoms of this deadly disease and send the individuals suspected of having AIDS to the centers for necessary tests.

As this seminar continued, the physicians and paramedics of the city of Karaj discussed the ways the disease is transmitted, prevention of the AIDS virus, and the level of its spread in the world.

## Paper Alleges Diplomat Has AIDS

93WE0266B Tehran KEYHAN-E HAVA'I in Persian  
20 Jan 93 p 2

[Text] KEYHAN-E HAVA'I News Service. 21 Dey [11 Jan] The AIDS affliction of a diplomat in the Dutch Embassy in Iran has caused much anxiety for the members of the diplomatic agencies residing in Iran.

According to reports from a function attended by diplomats residing in Tehran, despite being fully aware of his disease, the Foreign Ministry of Holland sent him to Iran as a consul.

It is said that, considering the lack of control of and the corruption among the members of the embassy and their likely relations with some of the corrupt and Westernized Iranian circles, this disease has certainly been transmitted to others.

Still, there is no information published about the reaction and position of the officials of the Ministry of Foreign Affairs of our country regarding this person who has the AIDS virus.

Medical circles believe that, considering that one of the ways AIDS is spread is through the use of blood products and the lack of control of afflicted individuals, the officials of the country must deal with the entry and exit of foreign nationals, even under the cover of the diplomatic cadre, more sensitively and carefully.

Recently, fortunately, in order to prevent the entry of AIDS patients, it was decided that blood tests would be administered to all foreign passengers who intend to remain in Iran for more than three months. This can play a positive role in preventing the spread of this deadly disease in the country.

## Editorial Urges Ministry To Act

93WE0266C Tehran KEYHAN-E HAVA'I in Persian  
20 Jan 93 p 10

[Text]

## 'Political AIDS' or 'AIDS-Afflicted Politics'

It was reported that foreign diplomats residing in Tehran have expressed their anxiety about the presence of a Dutch diplomat who has AIDS. This report stated that the Dutch Foreign Ministry sent the above-mentioned diplomat to Tehran, despite knowing that he had the deadly disease of AIDS.

AIDS is described as a deadly and horrible phenomenon in the West, and an important part of the news of news agencies and the media is devoted to this new, deadly phenomenon, which is the result of the moral decline in the West. On the other hand, in our country, this disease is not confronted as it should be. Iran is one of the few countries that, due to the fact that its people enjoy a religious culture and believe in social morality and behavior, have remained immune to some extent from the ill effects of this deadly phenomenon. But this relative immunity should not result in lack of proper attention or negligence on the part of the officials of the country in preventing the spread of this disease.

Based on world statistics, 75 percent of all AIDS patients are individuals who have succumbed to gradual death as the result of sexual relations.

The Ministry of Foreign Affairs and the Ministry of Health, Treatment and Medical Education must display more sensitivity in this regard. If foreign diplomats are sent to Iran, the Ministry of Foreign Affairs must have full information about their health. This should not only include all the diplomats but all foreigners who come to Iran and reside in the country for a length of time.

The silence of the officials concerning the situation of the new Dutch consul who has AIDS can by no means be justified. The first reaction in this connection could have been the immediate expulsion of this diplomat.

In press circles, this is called "political AIDS" or "AIDS politics." Did the Dutch actually not have a mischievous intention in sending a "patient" as a diplomat?

To what extent can we be sure that this "afflicted" diplomat was not sent to Iran on purpose to spread this deadly disease in Iran? Experience has shown that Western diplomats in Iran, if they were not spies (like the spies in the U.S. Embassy, who were exposed by the Students Following the Imam's Line), have at least been either smugglers (such as the third secretary of the Italian Embassy and Uzdash Beyg, the Turkish diplomat) or spreaders of moral corruption and promiscuity (of which the examples are so numerous that they need no mention). And now to this varied collection those afflicted with AIDS are added.

## PAKISTAN

### NWFP Said Experiencing Rapid Increase in AIDS Cases

93WE0178A Peshawar MASHRIQ in Urdu 2 Dec 92 p 12

[News Report: "Serious Situation in NWFP as AIDS Spreads"]

[Text] Peshawar (Correspondent). Investigations revealed that AIDS has spread the most in NWFP [North-West Frontier Province]. The number of AIDS patients has increased here because of the arrival of a large number of women from Kabul. Mohammed Alias, vice president of the local Lions Club, shared this opinion on International AIDS Day while addressing a rally organized by the Pakistan AIDS Prevention Society. He said that this fatal disease is more prevalent in Chitral, Bannu, Parachinar, Hangu, and Tal. He said that the average citizen is ignorant about AIDS. People do not know what causes this fatal disease and how to avoid getting it. "The government should publish information about AIDS in local languages. If preventive measures are not taken, the number of AIDS victims in Pakistan will reach hundreds of thousands in a few years." Sayyed Ali Shah, former state minister and the guest of honor said that the real reason for the spread of AIDS is neglect of Islamic education. He stressed to the mullahs that a way should be found to avoid this fatal disease according to the Koran. He asked the media to play their role in helping rid of this disease.

### AIDS Workshop Focuses on Spread, Prevention

93WE0197A Karachi JASARAT in Urdu 4 Dec 92 p 3

[News Report: "By the Year 2000, 10 Million People Will Have Become Infected with AIDS; 90 Percent of the AIDS Patients Will Be in Progressive Countries; The Disease Poses a Danger to All Humanity; AIDS Can Be Avoided By Observing the Islamic Moral Code; The Report of the Workshop"]

[Text] Peshawar (JASARAT correspondent): According to the report of the World Health Organization (WHO), 10 million individuals will become infected with AIDS by the year 2000; 25 percent of the AIDS patients will be children and 90 percent of the AIDS infected individuals will be residents of progressive countries. According to the report, 80 percent of AIDS sufferers will be infected through heterosexual contact. Copies of this report were distributed in the AIDS Reporting workshop held in the Khyber Medical College, Peshawar, on World AIDS Day. The Frontier Health Secretary, Professor Mohammad Kabir, as well as the Principal of the Khyber Medical College, Professor Siraj Al Din Ahmad and others addressed the workshop. The report

stated that by 1995, 10 to 20 million individuals will be infected with HIV (the early stage of the AIDS virus) and by the year 2000, 30 to 40 million will test positive for HIV. According to this report, by June 1996, there will be 217,000 AIDS patients on the American continent; 175,000 cases of AIDS in UHSA [expansion unknown]; 93,000 in Africa; 21,000 in Uganda; 52,000 in Europe; 14,400 in France; 2,300 in Asia; and 2,500 in Australia. In the course of speeches and discussions, the doctors participating in the workshop explained that the HIV virus, which is the precursor of AIDS, is transmitted through heterosexual sex; transfusion of infected blood; transplants of organs such as kidneys taken from infected persons; and AIDS was also transmitted from mother to child. The view shared in the workshop was that adhering to the moral code recommended in Islam would prevent individuals from acquiring AIDS, which threatens the entire human race. Reference was made in the workshop to a statement [hadith] made by Prophet Mohammad to the effect that when nations fall to the lowest depths of immorality and indulge openly in unacceptable practices, then a disease spreads among them which would not have been heard of or seen before among their predecessors. The workshop representatives requested the government to provide facilities for AIDS testing in all blood banks; to inform the people about AIDS by means of the Press, radio and television; to add a chapter on AIDS in textbooks at the middle school level; require a AIDS test for foreigners applying for visas; and inform the people of the fact that there is as yet no cure for AIDS, nor is there any possibility of finding one in the near future; and that the only way to avoid the disease is through precautionary measures and avoidance of certain practices. It was explained in the workshop that AIDS spreads through promiscuous sex and through various other media, and that the symptoms may not appear for ten to 20 years; but once the symptoms appear, the disease can cause death in a year or less; AIDS is often spread by foreigners entering the country; in hospitals, all instruments should be sterilized; the accidental use of unsterilized instruments can transmit AIDS. The precautionary measures recommended are avoidance of promiscuous sex and the testing for AIDS of bride and groom before marriage.

### Total of 150 Diagnosed as AIDS Patients

93WE0197B Karachi JANG in Urdu 15 Dec 92 p 12

[News Report: "Mobashar Riaz: '150 Individuals in Pakistan Have Been Diagnosed as AIDS Patients; If Preventive Measures Are Not Taken, the Disease May Spread Here as It Has in Thailand and India'"]

[Text] Islamabad (PPA): So far, 150 individuals in Pakistan have been diagnosed as AIDS patients, and 80 percent of them have died of the disease. This fact was revealed by Dr. Mobashar Riaz Sheikh, the deputy executive director of the Pakistan Institute of Medical Sciences, in an interview with PPA. He is the coordinator of the international seminar on AIDS. Dr. Sheikh said that 20 percent of the remaining AIDS patients are in different stages of the disease. He added that at present, there are 19 AIDS screening centers in the country; this is too small a number and too little money is being spent in the country on AIDS prevention. Most of the funds are being provided by foreign agencies. The government should pay greater attention to the problem. He said that the majority of people do not know anything about AIDS, which raises the possibility that, as has happened in Thailand and India, a large number of AIDS patients will surface after a time. It is thus more dangerous not to bring the disease under control.

**Over 600 People Diagnosed HIV-Positive***LD2202091293 Moscow ITAR-TASS in English  
0903 GMT 22 Feb 93*

[Article by ITAR-TASS correspondent Anna Bakina]

[Text] Moscow February 22 TASS—The number of HIV-positive people reached 618 in Russia at present and 277 of them are children. There are 418 HIV-positive foreigners in this country where a total 82 people died of AIDS, according to official statistics.

The first two months of 1993 witnessed a four-fold increase in the number of HIV-positive people compared to the same period last year, TASS learned from well-informed sources in the Health Ministry. However, Vadim Pokrovskiy, director of the Russian anti-AIDS centre, doubts that the figures are exact. He told TASS on Monday that they may include last year data and that several tests should be conducted to make the final diagnosis.

In 1992 only every sixth Russian was tested for AIDS.

In the meantime, doctors are worried by the growing number of healers who promise people to cure them of AIDS by the so-called bio-energised water. Such cases were registered in Rostov-on-Don and several Ukrainian cities. Officials of the Russian Health Ministry told TASS they insist that such treatment should be banned as the health of the patients always deteriorates after visiting the healers.

**AIDS in Ukraine***93WE0192D Kiev GOLOS UKRAINY in Russian  
2 Dec 92 p 8*

[Article by Igor Markov, AIDS clinic director: "The Patient Risks Becoming Repressed: Yesterday Was World AIDS Day"]

[Text] Ukrainian Public Health Minister Yuriy Spizhenko appeared on live television at the Gart Television Studio on the evening of 12 November. The topic was AIDS. What he said was this: "To our misfortune, we've now created 'hotbed conditions for AIDS carriers and patients'." What sort of conditions are these?

Next morning before I could even cross the threshold into the clinic and don a lab coat I was overwhelmed by some anxious patients. They were confused and bewildered. The most vocal of them openly protested and asked for the opportunity to appear live on TV. And these are people who for understandable reasons are very reluctant to come in contact with representatives of press and television, preferring to remain in the shadows. As their treating physician I promised to convey their attitude toward what was heard not only in the quiet of the hospital wards but also out amongst the public. What is this all about?

Early in spring of this year—more precisely on 10 March—in the newspaper KHRESHCHATIK I described the woeful position of the Ukraine's sole clinical department for the treatment and testing of AIDS patients and HIV carriers, based at the Kiev Scientific Research Institute of Epidemiology and Infectious Diseases of the Ukrainian Ministry of Health. Great hopes were laid then on specific-purpose financing within the framework of the Ukrainian National AIDS Program, for which 1.7 billion indexed

rubles were allocated for 1992 under the conditions of a universal and extreme budget deficit.

Since the moment of adoption of the Ukrainian law "On AIDS Prevention and Social Protection of the Population," the situation at the AIDS clinic has not only not improved, but it has worsened. It has already been a year and a half now that patients and carriers have not been receiving vitally necessary therapy specific to them due to the absence of preparations and pharmaceuticals. They must be obtained privately, or purchased in the market for cash. We can understand that Ukraine lacks antidiabetes and cardiac pharmaceuticals that are needed by millions of patients. But it is totally incomprehensible why there are no medicines for the three AIDS patients and few dozen HIV carriers living in Ukraine. Where did those millions of rubles go that were allocated as a separate item for the treatment of AIDS patients and HIV carriers?! Not a kopeck from the national program's budget for treatment and maintenance of our patients has gone directly to AIDS patients and carriers. And the clinic continues to be financed by the institute's lean budget.

The issue of paid medicinal support to outpatients continues to remain unresolved, even though according to Article 17 of the Ukrainian law "On AIDS Prevention and Social Protection of the Population" they have had the right to it since December 1991. Many patients found themselves forced into the position of outcasts—they have been rejected by their wives and parents. And although according to this same article of the law they are entitled to their own living quarters, they have not been given the opportunity to exercise this right in real life in even a single instance.

Because medical workers reveal professional secrets regarding AIDS infection (which itself is criminally punishable activity according to Article 108-4 of the Ukrainian Criminal Code), patients often lose their means of existence on being forced out of their jobs. But the Ministry of Health provides them no material assistance.

Perhaps if the honorable minister would look more often into the eyes of a virus carrier or AIDS patient, he might rank his priorities in financing the expenses of fighting AIDS in Ukraine in a different way. Can we possibly understand or explain to patients why tens of millions of karbovantsy are spent on "computer and information support" to the national program at the same time that the clinic hasn't any of the basic necessities and questions of social protection are generally forgotten? Was all of this money spent just so that local agencies could report to the Minister of Health on 109 HIV carriers? Isn't the allowance provided on the "local" scale a little too steep, considering that Ukraine remains in a state of information isolation from the rest of the world on the AIDS problem? Without making an accounting of where the millions went, the Ministry of Health is demanding "establishment of a data bank and information system on HIV infection" next year costing the state budget as much as 126 million karbovantsy! In this case the allocation for treating AIDS patients and carriers of HIV infection and opportunistic infections is 60 million. Where is the logic here?

Could it be that if the Ministry of Health has forgotten about the patients and carriers, it has at least turned



attention to medical workers, who are subjected to the risk of AIDS infection in their daily practice? Hardly not. A week prior to the appearance of the minister, on 5 November, an obstetrician-gynecologist in charge of a specialized department for infectious patients, including AIDS patients, appeared on a channel UT-1 program devoted to social and legal aspects of AIDS. She talked about the total lack of social protection for persons infected with HIV, about the inadequate working conditions, about the absence of individual protective resources, and about the real danger of infection. Dentists talked about the same thing a few minutes later. This is despite the fact that according to the Ukrainian law, "in the absence of personal protection, a medical worker has the right to refuse to cure or render aid to a patient." Today, it is only owing to the enthusiasm and humanitarianism of medical personnel that surgical forms of care are rendered to HIV carriers. By not providing protection to medical personnel against AIDS infection, by its inaction the Ministry of Health is essentially creating an additional specific risk factor of such infection.

And in the meantime the minister says: "To our misfortune, we've now created 'hotbed' conditions for both AIDS patients and carriers. We are obligated to isolate carriers and patients...."

But such a thing already happened in our history, when individuals who were "harmful" to the society were isolated and physically annihilated over the course of 75 years. The argument then was also the most humanitarian. As far as references to plague and cholera are concerned, it would be pertinent here to recall the entirely different pathways by which these infections are transmitted, and to cite the experience of the world community, of which the honorable minister should of course be aware. The methods of isolation, which are more effective in the case of classical quarantined infections, have been found to be totally useless as a way to prevent the spread of AIDS. A confidential approach to this problem on the part of HIV carriers was recognized as the only correct one by the World Health Organization; this is the way to limit the spread of AIDS. I have never met patients in my practice who have wanted to take "revenge" on society. This is even despite the fact that for practical purposes, the society carries a share of blame for each broken destiny.

Only the unenlightened can seriously say that the main danger of the spread of an epidemic in Ukraine is currently associated with foreigners. At the same time, the honorable minister said absolutely nothing at all about the people who caught AIDS in medical institutions. Twelve of them have been officially registered as of today. But here is what is troubling. This year the first 42 revealed carriers were kept under examination in the clinic for almost 11 months. Only five of them are in risk groups—prostitutes, drug addicts, homosexuals. All of the rest are ordinary in the aspect of sexual behavior and sexual activity of the people, who are predominantly of middle age—from 25 to 40 years. Let me emphasize, ordinary. Despite meticulous epidemiological analysis and laboratory testing of sex partners, in most cases the source of infection has remained unestablished. Almost all infected persons were subjected to various medical procedures before HIV was detected in their blood. The question as to the extent of

occurrence of cases of infection in medical institutions remains essentially unanswered.

As far as the honorable minister's pride in regard to the large segment of the population that has been subjected to AIDS testing is concerned, the figure is truly impressive—25.5 million. But when in spring of last year I told some of my American associates from San Francisco General Hospital about the four to five million that we test every year in Ukraine, they replied that only a rich, a very rich country could allow itself such a luxury. It was then that this idea came to me for the first time: Is such a scale really necessary? The honorable minister himself answered this question. Only 3.2 percent of the persons that have been tested are in risk groups. But when it comes to infected individuals, approximately a third of them are in risk groups. The question is this: Why should we be seeking AIDS where it is not? This would be just like testing, let us say, inhabitants of Kiev for yellow fever, Japanese encephalitis or some other infection that is encountered only under certain conditions. Who is going to answer for this expensive blanket approach?

The honorable minister's statement that parliament blocked his proposal regarding mandatory testing of representatives of risk groups is totally incomprehensible. It would be sufficient to read Article 7 and Article 13 of the 12 December Ukrainian law "On AIDS Prevention and Social Protection of the Population," as well as Paragraph 6, "Regulations on Medical Examination and Prompt Detection of HIV Infection, Evaluation, Medical Examination and Preventive Supervision of AIDS Carriers," approved by Decree No 460 of the Ukrainian Cabinet of Ministers dated 10 August 1992, to persuade ourselves that this statement is totally out of touch with reality. Though it should be noted that the content of these articles is discriminatory according to the norms of the World Health Organization, the European Community and the legal service of the Ukrainian Supreme Court.

The National AIDS Committee under the president of Ukraine evoked the honorable minister's special displeasure. Criticizing the National Committee, which is a special body of state executive power, the honorable minister says: "...the National Committee was created in order to do nothing but check on the Ministry of Health."

The question that naturally arises is this: Why is this happening? Obviously because the National Committee, which takes its cue from its status and its deep conviction, wishes to begin its work with an objective evaluation of the manner in which the Ukrainian National AIDS Control Program is being fulfilled in terms of organization and finances. Moreover according to Paragraph 15 of the National Committee's statute, it "is the administrator of assets allocated from the Ukrainian state budget for implementation of the National Program...." The Ministry of Health requested around 5 billion karbovatny for next year. It is this invasion into this part of the zone of vital interests that the honorable minister is unable to accept. However, such opposition is only harmful. On the contrary, we should be uniting efforts, before the AIDS situation goes out of control.

Such is the tragic situation that has evolved in Ukraine on the eve of World AIDS Day. On this day, through joint

effort the world community solves international and national problems of fighting this unique infection, the pandemic of which threatens to destroy a third of the African continent's population by the end of the century. And while there are not enough beds in civilian hospitals of some cities of the civilized countries of Western Europe to accommodate AIDS patients, may God let us remain as long as possible in this fragile, blessed tranquillity, that currently exists in Ukraine with its 109 HIV carriers.

**FROM THE EDITOR:** We believe that Ukrainian Minister of Health Yuriy Spizhenko has his own point of view on the problems raised in this article. We invite him to present them in GOLOS UKRAINY for the sake of making readers fully informed.

#### **Tatarstan Starts AIDS Screening of Tourists, Returning Residents**

93WE0192E Moscow PRAVDA in Russian 10 Jan 93 p 1

[Article: "If You Don't Have AIDS, Then Please Visit!"]

[Text] Preventive measures against AIDS have been stiffened in Tatarstan. Henceforth every foreigner who visits the republic for more than a month must undergo HIV testing. The same requirement is imposed on residents of Tatarstan who go abroad for over a month. As of now, four cases of HIV infection have been revealed in Tatarstan.

#### **AIDS in Ternopol**

93WE0192G Kiev RABOCHAYA GAZETA in Russian 4 Dec 92 p 1

[Article by Petr Vorobey]

[Text] Often when we speak of the acquired immunodeficiency syndrome, we cite examples from life in countries of the far and near frontier, where as of now the plague of the 20th century has cut short several hundred thousand lives.

But now it seems that this misfortune is knocking on our doors as well. In any case the disease officially crossed the threshold of the city of Ternopol on 2 November. It was on this day that laboratory analyses confirmed that one of the city's inhabitants is a carrier of the dangerous virus. The corresponding services are searching for persons who have been in contact with the virus carrier.

#### **Ukrainian Health Official on AIDS**

93WE0192I Kiev RABOCHAYA GAZETA in Russian 1 Dec 92 p 3

[Interview with Ukrainian Deputy Minister of Health Viktor Fedorovich Mariyevskiy by Tatyana Mozgovaya; place and date not given: "Sex We Have. But Unfortunately We Also Have AIDS as Well"]

[Text] The World Health Organization proclaimed 1 December of this year to be World AIDS Day. Mankind learned its first lesson in the first decade of the fight against the AIDS pandemic, and namely: It cannot be bested without extensive public participation. We asked Ukrainian Deputy Minister of Health Viktor Fedorovich Mariyevskiy to describe the features of the epidemic situation in Ukraine.

**Mozgovaya:** Victor Fedorovich, 295 HIV carriers are known to have been revealed as of 1 October of this year,

with 186 of them being foreigners and 109 being Ukrainian citizens. Who are these people, what is their way of life?

**Mariyevskiy:** It was believed at the beginning of the pandemic that AIDS strikes only certain groups of people, the so-called risk groups. And in fact, homosexuals, drug addicts and prostitutes did make up the majority of AIDS patients in the USA and Western Europe in 1981-1984 (around 90 percent). But after a certain while the conclusion was reached that this view was simplistic. As it turned out, AIDS does not recognize differences between "them" and "us." It is already causing suffering in children, hemophiliacs, blood recipients, women who have bisexual men as their sexual partners, and other people who are normal from our point of view. Consequently given the absence of effective pharmaceuticals, which are sometimes totally unavailable to us, the sole real means of stopping the spread of AIDS is to enlighten the public, to enlist its aid in an active struggle against AIDS. Having begun predominantly within the risk groups, the AIDS epidemic is gradually spreading to population strata of which risky forms of behavior are atypical. WHO considers this to be the most threatening tendency in the development of the epidemic process of HIV infection.

**Mozgovaya:** Are there unique features to the spread of AIDS in Ukraine?

**Mariyevskiy:** We are troubled by the fact that juveniles are showing up among infected individuals (an infected girl from Ivanovo-Frankovsk is only 16 years old). Two HIV-infected Georgian citizens who had shared needles and were detained by oblast internal affairs organs for distributing narcotic materials were revealed in August and September in Chernovtsy Oblast. One of them was deported out of Ukraine, but we have no guarantee that he will take advantage of the "transparent borders" and return to us to continue his drug business. The second HIV carrier escaped from the hospital, but in October he was once again detained, now in Cherkassy Oblast, where he occupied himself with searching for drugs together with a female companion S. from Odessa, also a drug addict. Conditions promoting penetration of AIDS agent into the drug addict milieu are being created, and the threat of appearance of an uncontrollable epidemic wave among this category of the population exists. A similar situation evolved over two years ago in Poland, where over 70 percent of the infected persons are ones who shared needles. Given that the borders are open, this also creates a threat to the Ukrainian population.

**Mozgovaya:** Recently the newspapers have been carrying ads like this: "Men! Pleasant relaxation and charming young ladies for you around the clock!" Or: "Beautiful, charming young ladies free of venereal disease wish to make some good money! Call us!" But the absence of venereal disease does not guarantee absence of HIV infection. Are the "beautiful and charming" being tested?

**Mariyevskiy:** We need to legalize prostitution, because repressive measures do not produce the anticipated results. The Ukrainian Ministry of Health drafted a new wording for the first part of Article 7 of the Ukrainian law "On AIDS Prevention and Social Protection of the Population"

as it concerns the definition of persons engaging in prostitution. Unfortunately, examination of our proposal has been delayed, and as a consequence effective control is impossible.

In the meantime we are predominantly testing practically healthy people (donors, pregnant women), while as far as the risk groups are concerned, the proportion of them among the total number of persons tested for AIDS remains insignificant. For example in nine months of this year they represented only 3.2 percent of the total number of persons tested for AIDS, but they hold a strong first place among persons who have been discovered to be infected (37.5 percent of all cases).

I believe that the main task of medical personnel today should be to activate work with risk groups, creating favorable conditions for their testing. We have a network of confidential offices and over 150 special laboratories for this purpose.

Criminal liability for homosexual relations has been legislatively annulled. Medical personnel now have the possibility for working with this population group more productively. According to data of the confidential office of the Ukrainian AIDS Prevention and Control Center, following adoption of the corresponding law the number of visits to the office by these people increased by somewhere near 50 percent. It has become easier to communicate with them, and relations have become more trusting. Of course there still are doctors here and there who are unable to shake the habit of condemning people for their specific sexual orientation. This is doing a great deal of harm.

**Mozgovaya:** Our medicine is presently undergoing a deep crisis. Given the shortage of the basic necessities, can we guarantee the safety of patients in medical institutions?

**Mariyevskiy:** No, it is impossible to exclude infection completely. One out of every 11 Ukrainian citizens carrying HIV was infected at the time of medical care. Each such case is a tragedy, and for them not to occur, medical personnel must be provided with an adequate quantity of disposable instruments and sterilizing units.

The Politekhmed Association and the Scientific Center of the Ukrainian Ministry of Health are working on these problems within the framework of the National Program. Much has been done, but there are problems as well.

**Mozgovaya:** Use of condoms is known to be one of the best preventive measures. But there was only one plant manufacturing them on the territory of the former Union. And now this elementary means of protection can be classified as a scarce item.

**Mariyevskiy:** Yes, Ukraine still does not have any of its own enterprises manufacturing condoms. Imported condoms satisfy only 40 percent of the demand. In May of this year an agreement was signed with the USA's Mayer Leboertert [transliteration] establishing a Ukrainian-American enterprise producing latex articles (condoms, rubber gloves etc.). The first consignment of condoms amounting to 10 million units is to be manufactured beginning in 1993, and production is to be ultimately raised to 100 million units a year.

**Mozgovaya:** Many remember the funny thing that happened during a joint USSR-USA television broadcast. Responding to a "provocative" question like a real Soviet woman, one of our compatriots declared: "We don't have sex." Today, no one conceals that "we have sex," but unfortunately, we also have AIDS. So how are we to protect ourselves from this?

**Mariyevskiy:** Yes, we have reexamined our views on sex. And the society in general is trying to become more humane, and refrain from violence upon either the soul or the body. There isn't all that much that is pleasant in our lives, and if two people meet, and find one another, if they were able to gain at least a little happiness from each other, then the society shouldn't create obstacles to this. People need to be taught to behave, including in sexual life. The entire world is traveling this path today. The entire world is spending colossal amounts of money on public health education (it is part of the general culture of people). The USA spends \$12 each year on each person for anti-AIDS propaganda, while we spend kopecks. We also need to channel our resources into public education. We are trying to liberate ourselves somehow in this matter, but this is only the beginning. Of course we once again go to the extremes: Either we hide "it" under the rug completely, or we bring it out in a way that would make a normal person blush. I visited Italy, France and Holland, and I watched television there. I honestly never saw anything there like what I see in our country. No one is giving any thought to this, but we should be. Open sex on television, and from seven to nine in the evening at that, is not education. And as far as sex education is concerned, there are things we still need to learn. We are borrowing here and there from the experience of our foreign associates. But if you ask the schools to teach a course on safe sex, they will refuse to do so.

**Mozgovaya:** They refuse because they don't know how to give such a course, they don't know how.

**Mariyevskiy:** Not only do they not know how, but they are also unable to cross that certain barrier, to surmount the perception of natural and beautiful relations as something base and forbidden. They become this way precisely because of the absence of culture, without which there can be no proper sex education. The idea we are promoting is this: What leads to AIDS is not sex but careless sex.

### **Ukrainian Health Specialists on AIDS**

93WE0192J Kiev *RABOCHAYA GAZETA* in Russian  
1 Dec 92 p 3

[Article: "AIDS in Figures and Facts"]

[Text]

### **In the World, in Europe**

There are already more than 30 countries with over 1,000 AIDS patients each—USA, Brazil, Haiti, Canada, Zambia, Sierra Leone, Uganda, Kenya, Spain, France, Italy and many others.

AIDS patients have been registered in 164 countries of the world. The total number that have fallen ill as of 1 August 1992 is, according to official data, over 0.5 million persons. However according to specialists this does not reflect even a third of the actual number of AIDS patients. Thus,

experts of the Global AIDS Control Program (Geneva) have shown that one out of every four patients is not being revealed in Europe, only two out of every three AIDS patients are being registered in American countries, and only something under 12 to 13 percent in Africa. Thus according to an estimate of WHO specialists, the number of AIDS patients is believed to significantly exceed 1.5 million persons.

The number of persons infected with HIV exceeds the number of patients by approximately 10 times (most of the world's countries do not keep track of the number of virus carriers), and WHO experts believe that there are over 10 million of them.

### The AIDS File

Each day in the world, 5,000 persons catch the AIDS virus.

Although susceptibility to HIV infection has not been established precisely, there are grounds for considering it to be very high, or even that no one is immune to it.

The infecting dose of AIDS has not yet been precisely established, but scientists believe that for infection to occur, just one viral particle is not enough.

The risk of infection of a healthy woman by an infected partner is approximately twice greater than the risk of a healthy male becoming infected by a female partner who is an HIV carrier.

The life span of patients who have developed AIDS is generally short: Following development of a pronounced form of disease, a person lives an average of 12 months. Only a small fraction of those who fall ill live four to five years. The probability that such patients would survive up to 10 years is zero in the opinion of, for example, D. Abrams, director of the USA's San Francisco General Hospital.

Mankind will have to deal with the AIDS problem for a long time to come—for example, in the opinion of Dr L. O. Kallings [transliteration], a scientific adviser to the Swedish government, for the next 100 years.

Around 200,000 scientists and physicians are working in over 1,200 of the world's research laboratories and clinics to reveal the secrets of the AIDS virus and find effective means of treating and preventing this disease.

### The Economic Loss Caused by AIDS

AIDS is already having a significant influence upon the economies of many countries. This is explained by the fact that in 75 to 90 percent of the cases HIV strikes persons from 20 to 50 years old—that is, persons in the prime of life. But this is also the population group that provides the primary support to the society's economic well-being. For example according to the estimates the average cost lost production resulting from each AIDS death in 1987 was \$600,000, while in 1991 the average was \$800,000. The losses associated with this disease were evaluated as follows in the USA in 1991: outlays to treat the sick—\$16 billion, production losses—\$55 billion. According to a tentative assessment the AIDS loss suffered just in countries of Central Africa in 1991 will exceed the amount of foreign aid coming to these countries from all sources. The losses of African and Asian countries due to HIV infection

now total \$750-800 billion. If these continents are unable to gain control over the AIDS epidemic in the next few years, G. Mann, a well known specialist on AIDS feels that a number of the region's developing countries will suffer economic disaster.

### The Cost of Treating an AIDS Patient

Without doubt, AIDS is the most expensive disease; there are full grounds for believing in this case that its cost will continue to grow ever larger in the future. Thus, according to foreign data, hospitalization and treatment of one patient costs \$50,000 to 150,000 in the USA, 150,000 marks in the FRG and from 70,000 to 20,000 pounds sterling in Great Britain. The annual cost of a complete course of treatment just with azidothymidine—that is, the preparation that is the most effective in the arsenal of AIDS pharmaceuticals—is \$8,000 in the USA. Treatment of a sick child is even more expensive: It averages \$56,000 in the USA. And in the near future it is believed that the cost can reach \$247,000.

### AIDS Prevention

#### Contraceptive Behavior of the Population

Although use of condoms in sexual contacts cannot guarantee against HIV infection, nonetheless the risk of infection is sharply diminished. However, these articles (No 2) are used extremely poorly in our country. Thus according to data of the Kiev Scientific Research Institute of Pediatrics, Obstetrics and Gynecology, only two percent of Ukrainian women of child-bearing age use any means of birth control.

The results of a survey conducted by the Dnepropetrovsk Social Monitoring Foundation showed that 56 percent of the respondents do not personally use condoms.

#### Effectiveness of Condoms in Preventing HIV Infection

According to American data, with regular and proper use of condoms, less than 1 percent of sex acts per year can lead to infection by the AIDS agent.

Given the population's presently low knowledge of contraceptive practices, as a preventive method the condom can make it possible to reduce the total number of cases of infection by 1 to 11 percent, depending on its proper use.

Propaganda encouraging wide use of condoms can increase this indicator to 45 percent.

#### Creation of AIDS Vaccine

By the most optimistic predictions of scientists, an effective synthetic AIDS vaccine will not be created before the year 2000.

**This information was prepared by specialists of the Ukrainian Health Center and the Ukrainian AIDS Prevention and Control Center.**

#### AIDS Fund Created in Minsk

93WE0192K Kiev *RABOCHAYA GAZETA* in Russian  
1 Dec 92 p 3

[Text] It was noted during an AIDS conference conducted by CIS countries on 7-9 June in Minsk that the incidence of this disease is very low in Belarus. However, residents of the republic feel that preventive measures are inadequate.

This is precisely why a benefit function titled "Culture, the Arts and Creative Youth Against AIDS" will be conducted in Minsk from 23 November to 2 December. Associates of the AIDS center would like to see the collected money used to organize an AIDS Fund. There is very positive support for this idea in Belarus.

By the way, there are 87 HIV carriers in Belarus—that is, almost four times less than in Ukraine. And there are no AIDS patients at all.

### Prophylactics 'Expensive'

93WE0192L Kiev *RABOCHAYA GAZETA* in Russian  
1 Dec 92 p 3

[Article: "It Is Oh, So Expensive to Protect Yourself"]

[Text] "If you want to protect yourself against AIDS, use condoms"—such advertisements are forever on the television screens "over there." Of course, these items are often even given away free of charge over there. But here, we have to pay for everything. Consequently we will have to shell out not less than eight coupons for each such prophylactic. And "specialty" types cost up to 150 coupons in cooperative kiosks.

### Unknown Sexually Transmitted Disease in Minsk

93WE0209A Alma-Ata *KARAVAN* in Russian  
24 Jul 92 p 26

[Article: "Woman Washed Floor and Robbed Men of Sex Life"]

[Text] An article in the Belorussian newspaper RESPUBLIKA had the impact of an exploding bomb. In the opinion of venerologist N., who desired to remain anonymous, this was an outbreak of an unknown sexually transmitted disease.

Here is what N. said. There are already several young men in a venerological treatment center with similar symptoms—acute inflammation of the genitalia, ulcers, abscesses. Three patients have already died. Those who survived became, first, incomplete men, and second, invalids: They suffered afflictions of the urinary bladder, the kidneys and the prostate. Antibiotics and other pharmaceuticals traditionally used against venereal diseases are ineffective, and the agent never was revealed.

And now the most unusual.

The virus strikes men exclusively. Because the incubation period of this unknown disease is relatively short—less than a week, the chain of disease could be followed quickly. It was revealed that all women who had sexual contact with the stricken men were healthy and feeling quite well. No unusual circumstances were revealed in discussions with them. Except for one patient.

N. is certain that this woman is the main character of this story. It turns out that she used to work as a laboratory technician in a certain biological institution, in an isolation room. As she herself told the story, once while cleaning up the laboratory she accidentally broke a vessel containing some sort of liquid. So as not to raise a commotion she picked up the fragments and washed the floor. When the vessel was found to be missing later on, she said she knew nothing about it.

The woman did not have any sexual contact with men immediately after this incident. It was not until recently that she acquired a boyfriend. It was he who became the first patient.

Only after his symptoms were repeated in other patients did doctors sound the alarm. But it was apparently too late. The genie had been released from the bottle. More and more young men in the prime of life are going to the hospital with similar signs of illness. It is impossible to recognize them after a few days. What does the future hold? By the way, many of them did use condoms during sex, but this was found to offer no defense.

The piece in RESPUBLIKA ends with an interesting historical analogy. Long ago, when AIDS had just been announced in America, the USSR was the loudest of all in offering the hypothesis that it had something to do with leakage of bacteriological weapons. Could that have been because we ourselves had just those sorts of weapons right at hand? And mightn't this be an instance where we are now suffering an evil we wished upon someone else?

### Belarusian Anti-AIDS Effort Understaffed

93WE0209E Moscow *KOMSOMOLSKAYA PRAVDA*  
in Russian 1 Dec 92 p 1

[Article by O. Yegorova, "Belarus: One Physician for the Oblast," under the general title "Each Minute on the Planet, Three Persons Are Infected by the AIDS Virus: Today is World AIDS Day"]

[Text] Medical personnel and representatives of culture and the arts are conducting a fund drive in Minsk devoted to the fight against AIDS.

The goal of the drive is to attract attention to a "dangerous" topic, to finally bring about the realization that the problems of HIV infection are not just medical but also social, ethical and even ecological. This is especially important to Belarus, if we consider that the immune system of a fourth of the republic's population was weakened by the Chernobyl disaster.

Only 30 people are involved in AIDS prevention in Minsk, and that includes orderlies and cleaning women. The number is even smaller in other oblasts. And when it comes to Vitebsk Oblast (can you believe it!) just one single doctor is fighting AIDS!

In the meantime there are 87 carriers in Belarus, including six children. Thirteen persons are ill, and three are already no longer with us.

How are these people to live? With what are they to be treated? It's not just that highly scarce pharmaceuticals are lacking—even reagents used to establish a diagnosis are unavailable.

### Russian AIDS Statistics, Programs

93WE0209F Moscow *KOMSOMOLSKAYA PRAVDA*  
in Russian 1 Dec 92 p 1

[Article by O. Volkov: "Russia: Things Could Be Worse," under the general title "Each Minute on the Planet, Three Persons Are Infected by the AIDS Virus: Today is World AIDS Day"]

[Text] The country's leading AIDS specialists made it clear yesterday at a press conference at the State Committee for Public Health and Epidemiological Inspection that the gloomy forecasts have not come true, and spread of the disease has been halted.

The USSR's first case of infection by the human immunodeficiency virus occurred in 1987. Since that time, 591 Russian citizens have become AIDS carriers, to include over 90 AIDS patients. However Vadim Pokrovskiy, director of the Scientific Methodological Center for AIDS Control, notes that these figures are clearly understated: Around 40 million Russians have been tested for AIDS as of today—that is, less than a third of the country's population. Pokrovskiy estimates that there are now at least several thousand virus carriers in

the country, and that by the year 2000 their number will approach the 100,000 mark.

But for the moment, AIDS prevention measures are given only a "satisfactory" grade. One republic, six regional and 68 territorial centers, over 700 diagnostic laboratories and 130 anonymous AIDS testing offices have been established since 1987. But despite the numerous high-level decrees (from the CPSU Central Committee to the present Cabinet of Ministers), we have still not been able to solve a number of important problems—primarily those having to do with disposable instruments and preparations for revealing the virus. The work of creating pharmaceuticals for AIDS patients also leave something to be desired. In short, the problems remain acute, and their solution will require large capital investments. Thus, 25 billion rubles will be needed just in 1993 to carry out the state anti-AIDS program. That's in the prices of late 1992.

## FINLAND

### Over 500 HIV Sufferers in Finland by End of 1992

LD1802100193 Helsinki Suomen Yleisradio Network  
in Finnish 0900 GMT 18 Feb 93

[Text] The number of people infected with HIV has again begun to rise in Finland. Some 90 new infections were discovered last year, which is considerably more than two years ago. At the end of the year there were over 500 HIV cases. Of the sexually transmitted HIV viruses, half followed from heterosexual and half from homosexual relations.

## FRANCE

### Overseas Departments See AIDS Increase

93WE0221A Paris LE FIGARO in French 22 Jan 93 p 11

[Article by Dr. Martine Perez: "AIDS Critical in Far Away France"; first paragraph is LE FIGARO lead, second paragraph the introduction]

[Text] *Prevention programs tailored to overseas departments.*

*In the West Indies, Guyana and Reunion, the epidemic is increasing at rates two to six times higher than those in the mother country; transmission of the virus is through essentially heterosexual encounters. First, it is imperative to take into account local cultural circumstances.*

In overseas departments, AIDS is the primary cause of death among young adults. Since the appearance of the disease in the West Indies in 1982, 227 cases have been recorded in Martinique, 342 in Guadeloupe and 271 in Guiana. In Reunion, where the disease appeared later, in 1987, 91 individuals have already been struck down.

These are stark facts, giving a poor idea of the problem. Above all, it is the computation of prevalence; that is to say, the number of recorded cases as compared to the number of inhabitants, which corroborates the importance of the problem. Whereas, in France, the recorded average is 36 cases per 100,000 inhabitants; in Guyana, this figure is 239 cases per 100,000; in Guadeloupe, 78 per 100,000; and in Martinique, 59 per 100,000.

These three overseas departments have another peculiarity; the most frequent mode of transmission is through heterosexual encounters: Homosexuals and bisexuals account for only 15 percent of the affected people, and drug addicts, four percent. On an average, men are affected twice as much as women, and the 30 to 40-year old group is the age group which is the most at risk. Moreover, the number of support and handling facilities is still small; and, more than elsewhere, AIDS is the disease of exclusion and silence, and of shame and utter taboo.

The RFO [National Company for Overseas Radio and Television], the first radio and television station of the DOM's [Overseas Departments], has decided to launch a large-scale consciousness raising and information campaign on 13 February 1993. The program, performed in multiplex with Guyana, Martinique, Guadeloupe, and Reunion, will be aimed at these regions and will last eight hours. It is being sponsored by the French Fight Against

AIDS Agency and the Overseas Energy Association, under the aegis of Bernard Kouchner, and the participation, among others, of several scientific personalities. 08@5

### "There Are No Secrets"

Dr. Felix Popotte (AIDS Research and Information Center) explains: "In view of the seriousness of the epidemic, a three-year plan has been in existence in each overseas department since 1988. A committee made up of institutional partners—the minister of health and the French Fight Against AIDS Agency—and associations has been in charge of implementing follow-up, evaluation, and prevention strategy programs. Moreover, overseas departments have a tradition of solidarity that only asks to express itself and that can be applied to the support of patients and the assumption of responsibility for them."

In practice, certain actions clash nonetheless with the cultural particulars of the islands and with certain characteristics linked to their insularity. Dr. Popotte adds: "This slant is summarized in the sentence 'There are no secrets'. Under such circumstances, the announcement of being HIV positive is experienced as an individual, family, if not collective, tragedy."

Moreover, AIDS is predominant among heterosexuals, as tends to be the case in the motherland. In this context, although passed into disuse, the famous American formula of the four H's (homosexuals, heroin addicts, hemophiliacs, and Haitians) has been a tragedy in the overseas departments, suggesting wrongly that worldwide the disease remains limited to these groups.

Dr. Popotte notes: "The pandemic is now real, and there no longer are at-risk groups. The whole world is affected; it is more precise to speak of at-risk practices." Finally, prevention campaigns can no longer ignore the DOM inhabitants' own historic and cultural characteristics, taboos in particular, especially those concerning homosexuality and drug addiction which are stronger than anywhere else.

To reduce the HIV impact, four aspects of the problem are being targeted by this three-year plan, extended to 1993. First on the list is epidemiological surveillance aimed at developing mandatory reporting of AIDS cases and organizing a network of laboratories performing reliable detection tests; it is followed by prevention and information campaigns, to improve knowledge of the disease and promote detection among pregnant women and people engaged in at-risk behavior; followed still by prevention of the risks of professional transmission; and finally, the creation of a psychological and social support network for HIV positive people and those who are sick with it.

The goal of each departmental AIDS committee, made up, thus, of institutional and association partners, is not only to define strategies but also to follow up and evaluate their implementation. Thus the radio, television, and printed press campaign conducted between 1988 and 1990 made it possible to open the consciousness of the population to the prevention messages. It was determined that the listening rate for these spots exceeded 90 percent. It was also determined that knowledge concerning transmission and prevention methods rose by 3.3 percent and 6.4 percent respectively. As for the sale of condoms, that rose by 44

percent in three years with increased use by young people. Furthermore, the evaluation survey has revealed a decrease in the number of partners, especially among those 20 to 40 years of age, and in the frequency of sexually transmitted diseases and voluntary abortions among minors.

In Guadeloupe, information and health education are discussed more or less systematically in the schools: In 1989-1990, 80 percent of the students who finished the 10th grade were given AIDS information. Finally, a play, created in 1990 by the ORSTROM [Bureau of Overseas Scientific and Technical Research] theater and designed to emphasize the human problems presented by the illness, was first performed in French and in Creole in various theaters in Martinique, and then in Guadeloupe and Guyana.

### Research Minister Calls for End to AIDS Research Dispute

AU1902180093 Paris AFP in English 1755 GMT  
19 Feb 93

[Text] Paris, Feb 19 (AFP)—French Research Minister Hubert Curien has written to U.S. Secretary of Health and Human Services Donna Shalala to seek a speedy solution to the dispute between the world's two top AIDS researchers.

In his letter, a copy of which was obtained by AFP, Curien said the dispute between Frenchman Jean-Luc Montagnier and American Robert Gallo over who first discovered the human immunodeficiency virus was "dragging on."

Although most authorities—including in the United States—agree that Gallo based his research on the findings of Montagnier and his team at the Pasteur Institute here, a disagreement continues over sharing royalties of AIDS tests that resulted from the find.

"The terms of the accord between your (U.S.) administration and the Pasteur Institute do not reflect the realities of the contributions of the two sides in achieving a test to diagnose AIDS," Curien wrote.

"This situation appears unsatisfactory to us at a time when the epidemic continues to rage and all our energies should be concentrated on (further) research," he said.

"The French government wants a speedy solution to ... this regrettable disagreement," Curien wrote, asking for a meeting with Shalala "as soon as possible" to end the dispute.

## SWEDEN

### Study Looks at Children of HIV-Infected Mothers

93WE0245B Stockholm DAGENS NYHETER  
in Swedish 29 Nov 92 p 8

[Unattributed article from SVENSKA DAGBLADET: "Those Infected With HIV Get Poor Social Services"]

[Text] Children of HIV-infected women in Sweden do not receive enough social services, given their difficult situation. That was one result of a survey done by welfare workers and doctors at the Danderyd and Huddinge Hospitals. Ninety-two HIV-infected mothers and 144 children under age 18 in Stockholm were interviewed.

### Majority Not Infected

Twenty-four percent of the children have a mother with AIDS or early symptoms of the disease. Of the children, 10 were infected themselves, all of them under age 10, and furthermore, in the cases of 15 older children, there were suspicions about future infection. So the majority of the children are not HIV-infected themselves.

Thirty-three percent of the children live with only their mother and only 24 percent of the affected mothers reported receiving help from family and friends who knew about the family's situation. Fewer than every other family, 40 percent, had any contact with the social service authorities in Stockholm.

### Official Explains AIDS Vaccination Trial

93WE0245A Stockholm DAGENS NYHETER  
in Swedish 31 Jan 93 p 5

[Article by Kerstin Hellbom: "Biggest Test of AIDS Vaccine: Thousands of HIV-Positives Take Part in Swedish Study"]

[Text] The biggest anti-AIDS vaccination trial to date will begin in Sweden in the next few weeks.

Approximately 1,000 HIV-positives will try a vaccine which may arrest the development of AIDS.

The vaccine which is to be tried is the same one which was tried on a smaller scale in the United States and Canada and on 40 HIV-positives in Stockholm's Sodertjukhus as well.

It is a so-called therapeutic vaccine which will activate the immune defense system against HIV of those who are already infected. The hope is to be able to turn the HIV infection into a treatable chronic illness.

### Internal War

The HIV infection is usually described as a long-term internal war between the virus and the immune system's defense cells, primarily the system's leader, the so-called CD4 cells. About 10 years after infection has occurred, the virus usually wins. At that point the number of CD4 cells plunges from a normal level of approximately 1,000 per milliliter of blood to fewer than 300. It is at that point that HIV becomes AIDS with all its symptoms, such as, for example, tumors and serious infections.

### More Antibodies

The vaccine, which is made from a genetically engineered protein (gp 160) located in the coating of the virus, aims at strengthening the immune system.

So far results have shown that it works to a certain degree. The collapse of the CD4 cells is stopped and the number of anti-HIV antibodies increases and improves.

"The trials thus far have been too limited for us to be able to say with certainty whether and how the vaccine works. We do not know, for example, whether the quantity of virus in the person vaccinated decreases or even if the vaccine really provides protection against the disease. We will try to get answers to this in our study," said Prof. Hans Wigzell, chief of the National Bacteriological Laboratory, SBL.



**A Bit More Certain**

He is conducting the study together with Health Mate at the Sodersjukhus.

AIDS researchers will be a bit more certain this fall when the results of a larger U.S. study of vaccine trials on HIV-positives come out. However, that study is not as big as the planned Swedish study, in which HIV-positives from other Nordic countries will be included as well.

**Close to AIDS**

Furthermore, those who took part in the U.S. study were infected fairly recently and thus still have a strong immune defense.

Never before have vaccination trials been done on HIV-positives who have been infected for so long and been so close to AIDS as those who will take part in the Swedish study.

**Answer in 1995**

"The closer to AIDS, the quicker we'll learn whether the vaccine provides protection against the disease. But maybe they've gotten so far along in the infection for the vaccine to be able to further activate the immune defense," Wigzell said.

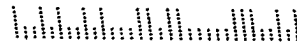
"We don't know that yet, but if everything goes according to plan, we will discover that by the end of 1995," Wigzell said.

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